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Homeless over 50: The Graying of Chicago's Homeless Population

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HOMELESS OVER 50:

THE GRAYING OF CHICAGO'S

HOMELESS POPULATION

FINAL TECHNICAL REPORT *

Produced for the Chicago Alliance to End Homelessness
December 1, 2008

By
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ABSTRACT

This is a report of a 2-year collaborative study of homeless people aged 50 to 64 in Chicago between Loyola University Center for Urban Research and Learning and the Chicago Alliance to End Homelessness. This study had three goals: To obtain a demographic profile of people who are homeless in Chicago and are between the ages of 50 and 64; to understand how the various systems designed to serve this population do and do not meet their needs; and to begin to suggest a range of policy and programmatic responses to meet the needs of this population.

Information for this research was gathered from a variety of sources: archival survey data from the 2001 Illinois Regional Roundtable study, homeless agencies administrative data; focus groups with individuals who were homeless; life histories of homeless individuals; and interviews with providers. The broad range of data, both quantitative and qualitative, and from differing perspectives allowed the researchers to explore the complexity of experiences facing older homeless individuals.

One of the most surprising findings from the study is that a majority of people aged 50-64 in the Roundtable study became homeless for the first time in middle age. The median age for first homelessness was 47. A second key finding is that the number of people who are homeless in Chicago between the ages of 50 and 65 increased between 2001 and 2006. A broad range of homeless service agencies saw, in total, a 26% increase in the older individuals they were serving. The study found that a sizable portion (possibly 40%) of this population have the will, ability, and work history to become employed, but are hampered from obtaining employment. There are three likely reasons for this: 1) a mismatch of their skills to the job market; 2) the decrease of jobs paying a living wage and 3) ageism in the employment market. Conversely, the employment prospects for the remaining 60% of individuals are very limited. We found that many have one or more factors, such as chronic illness, that limit their ability to hold employment. Finally, safety net social welfare programs fail this population. The meager safety net programs in place for single adults such as Earnfare target individuals younger than 48, and most programs for seniors cannot be accessed until 62 (housing) and 65 (SSI).

ACKNOWLEDGEMENTS

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INTRODUCTION

In the winter of 2007, the Chicago Alliance to End Homelessness teamed with Loyola University's Center for Urban Research and Learning to undertake a study of people in Chicago who were homeless and aged 50 to 64. This study was undertaken in response to reports from homeless service agencies that this cohort of people was growing. Starting in 2005, agencies in Chicago reported a fast-growing number of people aged 50-64 using homeless services, and that, while they shared issues with the younger cohort of the homeless population, they faced circumstances unique to their age and stage of life. After completing pilot interviews with key agencies, the research partners developed a project that would combine research on this older population with public education and policy advocacy. This project which was funded by the Retirement Research Foundation had three goals:

1. To obtain a demographic profile of people who are homeless in Chicago and are between the ages of 50 and 64;

2. To understand how the various systems designed to serve this population do and do not meet their needs; and

3. To begin to suggest a range of policy and programmatic responses to the needs of this population.

Information for this research was gathered from a variety of sources: survey data from the 2001 Illinois Regional Roundtable study; agency administrative data; focus groups with individuals who were homeless; life histories of homeless individuals; and interviews with providers. The broad range of data, both quantitative and qualitative, and from differing perspectives allowed the research to explore the complexity of experiences facing individuals 50 and older who are homeless.

This report is organized in four sections. In the first section, we provided background information, primarily a review of the literature. In the second section, we present the over-all research design and methodology of this research. Specific data collection methods for each research subgroup are described in this section. In the third section we present, as separate pieces, data findings from each research component. In the final section, we synthesize and summarize the overall findings and discuss their implications. Included here are also final recommendations, which incorporate feedback from the Provider Roundtable.

Background

In Chicago, the primary source of support for homeless population is Chicago's homeless system. This system is in the midst of a radical transformation with the drafting of a city wide Ten Year Plan to End Homeless by a broad range of stakeholders in 2002. This groundbreaking plan to end homelessness is considered a pioneering model for transforming a homeless system from one that consists of shelters to one that emphasizes prevention and permanent housing. In January of 2003, Mayor Daley officially endorsed Chicago's plan to end homelessness, making Chicago the first major city in the country to have a 10-year plan supported by a City administration. Mayor Daley has made the plan a major priority of his administration, devoting high-level staff and resources to ending homelessness in Chicago.

At the time of the development of this study, Chicago's 10-year plan was in its fifth year of implementation. A year earlier, in the spring of 2004, the Partnership to End Homelessness— an 88 homeless provider member organization which was the precursor to the Chicago Alliance to End Homelessness—began hearing reports from its member agencies that they were

seeing increasing numbers of clients who were over 50, particularly aged 50-64. They reported that some of these clients had particular needs that were distinct from younger homeless individuals, yet reported that at the same time, most benefits to older Americans were not accessible until ages 62 or older. The Partnership questioned whether this age group was being adequately served by resources such as community mental health, job training and placement, and public benefits. For instance, members were hearing reports that Earnfare programs were refusing to place these clients into employment opportunities. In addition, a plan to give priority to those over 50 for new permanent housing was scuttled because it was deemed "discriminatory."

These reports led to a number of questions. What are the trends in the demography of homelessness in Chicago? What are the particular needs of homeless people who are aging? The Partnership board felt these questions were especially critical in light of the major change that was occurring in Chicago's homeless system with the implementation of Chicago's 10-year plan to end homelessness. Given that the 10-year plan makes no mention of the issue of aging and homelessness, clearly, a better understanding of the aging homeless was in order.

In response to this identified need, the Partnership partnered with researchers from Loyola University Chicago Center for Urban Research and Learning (CURL) to conduct some preliminary research on the issue. They reviewed existing literature and research reports that touched on aging and homelessness. In particular they looked at research findings from two recent research projects on the homeless in Chicago, the 2003 Illinois Regional Roundtable on Homelessness Needs Assessment Project (hereafter the "Regional Roundtable") and the 2003 Breaking the Cycle of Homelessness Demonstration

Project. In addition, interviews and focus groups were conducted with staff from eight homeless service agencies. This preliminary analysis indicated a growing problem—that both the population of aging homeless people was increasing, and that they faced problems distinct from those of younger homeless people.

Literature Review

There has been little work focusing on the older homeless population, although in the last decade researchers have hypothesized that an increase is to be expected due to the aging of the "baby boomer" population (Cohen, 1999; Diezt & Wright, 2003). Reports of the number of older homeless vary widely, with numbers ranging from near or around 25% who are over 50 (Rossi, 1989; Regional Roundtable on Homelessness, 2003) to 6% between ages 55 and 64 (Dietz and Wright, 2003). A longitudinal study by North, Eyrich, Pollio, and Spitznagel (2004) found that the percentage of homeless between 45 and 64 had more than doubled between 1990 and 2000 in St. Louis. In San Francisco, the median age of the homeless population increased 9 years from 1990 to 2003; one-third of the homeless population were aged 50 and older, which is consistent with other North American cities (Hahn, Kushel, Bangsber, Riley, & Moss, 2005). In addition to these observed increases, Cohen (1999) has predicted a doubling of the older homeless population on the national level within 30 years, from 60,000-400,000 to 120,000-800,000.

There has been some fluidity in defining the age range of the older homeless population (Hatchett, 2004), but 50 and 55 are become increasing common lower parameters. Researchers have commonly observed that living on the streets can produce ageing effects that renders a person 10 to 20 years older in looks and behavior (Cohen & Skolovsky, 1989; Crane & Warnes, 2001;

Gelber, Linn & Mayer-Oakes, 1990), which has led many researchers to define the older homeless as those age 50 to 64 (Cohen, 1999).

Many researchers have determined that the service system's response to the unique issues and needs of the older homeless are essential, yet often inadequate. For instance, over 90% of 23 directors of programs serving the homeless in New York City felt that public and private agencies were not very effective in providing housing assistance to older homeless women (Cohen, Ramirez, Teresi, Gallagher, & Sokolovsky, 1997). More affordable housing is needed for homeless people in general, yet housing models that require self-sufficiency in employment may not be a realistic goal for many in the older homeless group who are less capable of work due to health issues (Hecht & Coyle, 2001). An additional problem closely related to housing is the lack of employment programming for the older homeless. Specifically, Hatchett (2004) has considered the need for service providers to confront ageing stereotypes that serve as barriers to the vocational training of the older homeless.

In addition to housing and employment, homeless service systems have been pointed out as often wrongly conceptualizing or ignoring health issues related to ageing. In terms of mental health, studies looking at problems of the older homeless have found higher rates of mental illness and disorganization of homeless individuals over 50 (Crane, 1998). Often, however, service providers minimize declining mental health as a consequence of ageing (Dietz & Wright, 2003). Research on physical health in the older homeless has shown similar problems. One study looking at homeless over 50 found that 85% of participants reported at least one chronic medical condition (Hahn et al., 2005), and another earlier study showed that while medical problems such as arthritis, hypertension, diabetes, and pneumonia can cause an older homeless

person to receive some attention from service providers in Chicago, the seriousness of these health issues are often overlooked (Kutza & Keigher, 1991). In an attempt to address this issue, these researchers advocate for more thorough health screenings or medical assessments when older homeless individuals interact with service providers in order to set the course for long-term intervention (Kutza & Keigher, 1991).   Addressing specific needs of the older homeless population is important to their livelihood and well-being. As these issues are ignored, chronic medical conditions will take on increasing significance as the population continues to age.

RESEARCH DESIGN AND METHODOLOGY

Overview

This study used a mixed-methods approach that included telephone and person to person interviews, analysis of archival and administrative data, focus groups, and life history interviews. Data used were collected from both service providers and homeless individuals; the sources, methods, and techniques for analysis are outlined in Table 1.

The goal of the research was to understand the demographic profile and the needs of 50-64 year old homeless individuals. In particular, the project sought to answer three sets of research questions.

1. What is the detailed demographic profile of homeless individuals aged 50 to 64? What are recent and expected trends in the population?

2. What are the needs of this population? How are their service and housing needs unique among those of the homeless population in general? What challenges and opportunities are posed by these circumstances?

3. How well is this population being served by the systems that have been designated to serve them? Are they receiving the benefits and services they are meant to receive? Are there barriers to access? Are there gaps in the range of services offered? Is age discrimination occurring within the public systems or with private entities, such as employers.

Table 1
Data Sources, Method of Collection and Analysis Techniques

Data	Data analysis techniques	N
Providers Phone Interviews	Quantitative analysis of close-ended questions. Qualitative analysis of open-ended questions	56*
Other Agencies Phone Interviews	Qualitative analysis of open ended questions	20
Administrative Data • Client Demographic and Service case level and or aggregate data from Provider Agencies	Quantitative analysis	30**

• Case level and/or aggregate Age Data from other agencies
  o Infonet (Consolidated Chicago DV shelters data)
  o Homeless Prevention Call Center
  o Emergency Fund
  o Illinois Department of Correction release reports
  o Legal Aid Foundation
	Quantitative analysis	5

Illinois Regional Roundtable 2001 Archival Data (Survey of Homeless Individuals)		
Focus Groups	Qualitative Analysis	8 (53 individuals)
Life Histories	Qualitative Analysis	10

*The 56 interviews were from 55 different agencies serving individuals who were homeless.
**Two of these organizations were umbrella organizations that provided one Report for a number of agencies, one reported for 29 agencies and one reported for 6 (so in fact, we had information representing 64 agencies).

Participatory and Collaborative Research

The Chicago Alliance to End Homelessness (the Alliance) and Loyola University Chicago's Center for Urban Research and Learning (CURL) partnered to complete this project.   Using a participatory and collaborative research design, both partners participated in the development of the research questions. While the university partner took the lead in the research implementation and analysis, the Chicago Alliance facilitated access to community agencies, managed feedback communication within the homelessness system and took the lead in dissemination efforts. Both partners developed the policy and program recommendations. This approach ensured that all partnering organizations unique resources, values, and knowledge are utilized throughout the research process.

Provider Recruitment and Participation Rates

The researchers identified potential agencies for participation through combining agencies from the past membership roster of the Partnership to End Homeless (the homeless provider membership organization that was the recent precursor to the Chicago Alliance)[2] with HUD Supernova documentation for Chicago and an internet search of homeless service agencies in Chicago. The Chicago Alliance helped researchers to eliminate agencies from the list that did not provide services to adult homeless individuals, programs that were part of larger organizations, and agencies that had closed or were on the verge of closing. The Alliance also provided names of individual agency staff that would be good initial contacts. In all 129 agencies were identified as potential contacts.

[2] The Chicago Alliance was formed by a merged of the Chicago Partnership to End Homeless and the Chicago Continuum at the beginning of this project. The project was developed by the Chicago Partnership and CURL in the previous year.

The Alliance sent an introductory email to the organizations it had contact information for in February 2007. Researchers contacted an additional 39 agencies that did not have email addresses by phone to introduce the project and ascertain an email or postal address to send introductory information. This email/postal communication detailed the study and its objectives. Once a contact was made, the agency contact identified which phases of the project their organization could participate in (provider interviews, administrative data collection, focus groups with clients, and/or client life history interviews) and designated an appropriate contact person for each phase.

Recruitment was ongoing throughout the data collection process. We continued to contact agencies that had not responded or tried to find new liaisons when designated contacts remained unavailable. A variety of recruitment decisions were made based on the structure of the homeless provider system and its various agencies. Many of the programs and agencies operate as relatively independent entities of larger organizations. An agency may have multiple housing programs or a number of agencies may be part of an umbrella organization with complex funding connections between them. In consultation with the agencies, we determined whether to interview one person within the larger organization or to treat programs within them as separate. In many of these instances, we collected administrative data from one source, while conducting separate interviews with staff working in the various programs or agencies.

While 129 agencies were initially indentified, at first contact we ascertained that 25 did not serve an older population and 7 had ceased operation, leaving 97 agencies eligible for the study. Of those, 60% participated in one or more phases of the study (Table 2), representing a broad range of

service provision: shelter and housing, clinical services and case management,

housing development, employment services, and other services (i.e. food

pantries, financial assistance, and legal aid) (Table 3).

Table 2
Homeless Agencies Participation in Project

Eligible for Study	Participated in one or more phases of study	Refused	Could not establish contact/no reply	Agreed to participate but lost contact
97	60	14	6	15

Table 3
Type of Agencies Participating in One or More Phases of the Project

Shelter and Housing	Clinical Services/ Case Management	Employment Services	Other	N
42	8	3	7	60

Provider Interviews

We conducted 56 interviews with service providers and/or agencies that have direct contact with older homeless men and women. These were primarily phone interviews, although two group interviews were conducted on site at the agencies' request.

The provider interviews were conducted over the course of 30 weeks from April to October of 2007. Sixty-nine agencies agreed to participate, but only 56 interviews from 55 agencies (one agency requested that two staff members be interviewed separately) were successfully completed. Six additional agencies failed to designate a time for an interview to take place and eight more could not complete the interviews during scheduled times and were not able to reschedule.

Researchers paraphrased the provider's responses as they conducted the interview, but occasionally took direct quotes. In those cases, providers were asked to verify the quote.

Instrument and Measurements

The primary research goals of the provider interviews were:

- To learn how providers understood the service needs of 50-64 year old homeless in Chicago

- To identify the capacity of organizations to serve this population

- To identify service gaps

- To clarify public policy issues related to serving this population from the perspective of the service providers.

Pilot interviews were given with two agencies that provided services to homeless individuals but were not part of the sample due to lack of direct

contact with older homeless persons. Questions were further redeveloped for clarity after these pilots.

The final interview schedule (see Appendix A) consisted of a number of both open and close-ended questions designed to collect the following data:

- Population demographic data

- Providers' observations of trends regarding the number of older homeless clients served

- The needs of the targeted population

- Any observed service gaps in the homeless system

- The providers' perception of the organizations capacity to serve the population

- Policy related issues/concerns.

Coding categories for the data were established after the majority of interviews were completed. We created an initial list of possible themes as a team, then separately coded the same three interviews to determine inter-rater reliability. Once the data were coded, the themes were identified and analyzed (see Appendix A for list of identified themes).

Supplemental Interviews with Other Providers

In addition to interviews with direct providers to the older homeless, we conducted 20 additional interviews with other service advocates and government staff who work on issues directly or indirectly related to homelessness and/or aging. We conducted these interviews to learn about the services and policies that frame the system through which older homeless individuals and their providers navigate in more detail, and/or to gain a better understanding of what we were learning from the direct providers interviewed at an earlier point in time. The format for each of these interviews was

individually tailored to pursue particular information.

Provider Administrative Data

We asked agencies for two kinds of administrative data:

1. Basic demographics, physical and mental disability status, education, and financial status for clients over 50 for the most recent year.

2. Age data for all clients for the past previous five years.

Most agencies were very forth coming and provided us with what information they could.

Agency Administrative Client Demographic Data

We obtained case-level data from 18 agencies. The data was limited due to both the type of data the agencies collected and the limitations of their database software. We compared and identified similar categories between agency databases and standardized the data we received, recoding and merging them into common variables and values.

After merging the data, our total number of cases was 2,298 (from 18 agencies). For all these cases we were able to construct common variables for sex, race/ethnicity and military service. For a smaller sub-group of 1,440 cases from 16 agencies we also were able to construct common variables for education, criminal conviction and income sources.

Nine agencies were only able to provide aggregate data. While most of this data was not useful for our trend analysis (see below) we combined this data with the case level data from other agencies to develop a demographics snapshot for 2006 that was utilized to in a comparison with the Roundtable data which had been collected in 2001.

Age Trends

Twenty-three organizations were able to give case or aggregate data for multi years with sufficient age data for all their clients. Three were not direct providers of homeless services, and we analyzed their data separately. We combined the data for these providers for each year from 2001 to 2006. While many of these agencies did not have data for all 5 years, however we were able to estimate changes in the yearly ratio of younger to older total clients for these agencies. An additional five agencies that were not direct providers of homeless services (see Table 1) were analyzed separately.

Limitation to Provider Data

This phase was the most difficult and imperfect aspect of our data collection; the state of administrative data of agencies was uneven, so not every agency was able to provide complete data of each type. This has imposed several limitations on the administrative data.

Overall, the data does not include agencies who primarily serve youth or who served families and hence the analysis is not placing these trends in the homeless population as whole. The youth agencies were excluded from our initial screening, and most of the family agencies dropped out of the provider sample during the screening process due to the absence of clients 50 and older. Therefore, the agency trend data is limited to and can only be extrapolated for agencies primarily serving single adults over the age of 18.

In specific regards to the trends data, our use of a convenience sample was limited to those agencies and networks of agencies that were able to provide us with administrative data over time. In addition to this, since a varying number of agencies reported data in different years, the trends data has to be interpreted with caution.

Finally, in regards to the provider interviews, we learned during analysis that providers' perceptions do not always accurately reflect what is happening within organizations. For instance, 41% of providers interviewed reported seeing an increase in the older homeless population within their agencies, but after comparing these providers' statements to the administrative data from their agency, when possible, that percentage increased to 67%.

<center>Archival Data</center>

This report further analyzes the Illinois Regional Roundtable survey data on individuals 50 years of age or older. The survey data was collected between January and April 2001 from clients at homeless service provider sites in the six county Chicago Metropolitan Region.[3] A clustered, multi-stage sampling process was used to select the clients, so the weighted sample represents the population of clients at service sites at that time. All the analyses in this report use the weighted sample, which was adjusted to reflect the original sample size of 1,324. Of the total of 1,324 clients surveyed, 349 were aged 50 and over. And of the over-50 age group, 262 were between 50 and 64 years old. And of those clients, 123 resided in the city of Chicago at that time. While our study focused on individuals aged 50 to 64 living in Chicago, we made some comparisons to individuals in the suburbs, in the 65 and over age group, and in the under 50 age group.

<center>*Analysis*</center>

The analysis used standard statistical techniques, such as means and cross-tabulations, to examine the demographics of this population, their distinct patterns/paths of homelessness and their service needs. The analysis

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[3] The Illinois Regional Roundtable survey was a collaborative project between the University of Illinois at Chicago's Urban Planning and Policy Program and Heartland Alliance's Mid-America Institute on Poverty. The principle investigator was Janet Smith, Associate Professor, University of Illinois at Chicago.

was informed by the individual and structural/programmatic risk factors identified by Cohen (1999). The findings of the survey analysis were then used to inform the direction of the focus groups described below.

Limitations

In considering this data, one must be aware of its limitation. Although a well-designed and representative sample, it is now almost 7 years old, and the structural and economic context has not stayed the same. Also, the sub-sample of older Chicago cases is not as robust as would have been ideal, which has limited some avenues of analysis; however, we are confident of the findings from the analysis that we were able to conduct.

Focus Groups and Life History Interviews

We collected two kinds of data from 50-64 year old homeless participants in the study.

- Data from eight focus groups of 5 to 10 homeless or formerly homeless men and women
- In-depth life history interviews conducted with 10 homeless and formerly homeless individuals.

Both of focus groups and the life histories were audio recorded.

Focus Groups

We recruited focus group participants through case managers at participating agencies. Case managers asked people being served by their agency if they were interested in participating in the project. One limitation of this recruitment approach was the absence of individuals who were not being served within the homeless system. If they expressed an interest in the project, case managers asked potential participants to sign the form giving the researchers permission to contact them with more information.

Table 4
Gender, Race, and Age of Focus Group Participants

Gender	Male	Female			
	16	37			
Race	Black	White	Hispanic	Asian	
	48	3	1	1	
Age	50-54	55-59	60-64	Unknown	
	34	15	3	1	N= 53

Eight focus groups with a total of 53 participants were completed between and May 11 and August 27, 2007. The focus groups were targeted towards specific subgroups of older homeless individuals. The targeted focus groups included a general group of chronic homeless, a veteran's group, a women's group, a female ex-offender group, a male ex-offender group, a group composed of individuals living with serious mental illness, and a group with acute physical health problems. The focus groups lasted a total of 60 to 90 minutes and were held at different agencies. Table 4 shows the gender, race, and age breakdown of focus group participants.

Focus Group Questions

The interviewer for the focus groups was trained as an ethnographic interviewer and used topics rather than set questions while facilitating. Topics in the focus groups for this project included:

- family histories

- job histories

- job searches and current employment

- friendship

- and acquaintance networks

- experiences on the street (dangers, friendships, strategies of survival)

- the range and impact of stereotyping homeless and older people

- housing and shelters

- health and disability

- the impact of criminal records

- history and description of contacts with service providers and programs

- the subjective experience of homelessness over the age of fifty

Conversations among focus group participants added to what we were able to learn. For example, focus group discussions ranged over topics unlikely to come up in individual interviews, such as strategies for relieving oneself when living on the street. For example, toilet accessibility is an urgent daily need, but one that might not have come up in a one-on-one interview with a middle class interviewer. Focus groups also were a window on interactions among homeless people. Disagreements and arguments about the ease (or not) of finding a bed for the night or the helpfulness of shelter revealed the different perspectives held by members of this seemingly homogeneous community.

Life History Interviews

We invited 13 people to participate in individual life history interviews. We invited ten of individuals at our various focus groups and an additional three individuals in supportive housing on the North Side of Chicago. Ultimately ten people were interviewed. This group varied along several dimensions reflecting the larger population of homeless people (see Table 5). The representation of Blacks in our interviews somewhat underrepresented their presence in homeless populations, but we were interested to learn from homeless whites the forces that propelled them into this group. We were only able to interview one person of Hispanic descent. We found it difficult to connect with the homeless Hispanic population. Providers suggested that this

was due to the fact that many in this group are undocumented. In addition,

the Hispanic population in Chicago is younger than the non-Hispanic

population with only 12% being over 50 as compared to 23% in the non-

Hispanic population (2000 Decennial Census).

Table 5
Gender, Race, and Age of Life History Interview Participants

Gender	Male	Female		
	5	5		
Race	Black	White	Hispanic	
	6	3	1	
Age	50-54	55-59	60-64	
	5	5	0	N= 10

Life History Interview Recruitment

Initially, interview participants were recruited from the focus groups.

The individuals participating were asked if they would be interested in being

contacted for a more in-depth one-on-one interview. From the pool of interested

individuals, we selected those we wished to interview and contacted them

directly.

After interviewing seven people in this way, we decided to broaden the

pool of participants by recruiting for the life history interviews from people who

did not participate in our focus groups. Again a member of the research team

contacted case managers from participating agencies and asked them to

recommend clients for the interviews. Case managers gave individuals the

phone numbers of members of the research team to express their interest and

set up an interview time.

Appendix B has provides a brief description of each interview participant.

The Life History Method

The same ethnographically trained interviewer who facilitated the focus

groups conducted the life history interviews. The method of life history

interviewing relies heavily on listening to informants' stories about their lives. It is more structured than an informal conversation, but more open-ended than a survey questionnaire. Data from the interviews helped to show various "homeless careers," with their characteristic markers and turning points. These various narratives serve as case studies of routes in and out of homelessness.

Informants were asked to report on their experiences and to identify periods in their lives that they believed were formative and critical in establishing their homelessness. The goal of the interviews was to learn about these matters from informants' standpoints, allowing them to select the points in their lives that they believed to be significant. Analysis began from these accounts and then situated the stories within a broader social, cultural, and economic framework.

The in-depth life history interviews traced the trajectory of informants' lives leading to homelessness and its aftermath. Interviews began with description of informants' childhood homes, their parents' work, schooling, first jobs, and the birth of children. The second part of the interview traced job histories up to the first encounter with homelessness. The third part of the interview traced the homeless experience to the present, with particular attention paid to the role of age in homeless careers. The interviews helped to provide descriptions of the lives of the informants that shattered stereotypes about homeless people by providing details about their lives. Interviews also showed the actual impact of services and policies in the lives of informants, essential knowledge for crafting good policy.

Qualitative Coding of Focus Groups and Interviews

We analyzed the focus group and individual interviews using NVIVO, a qualitative analysis program widely used by sociologists. The process of coding

ethnographic field notes is fundamentally different from quantitative coding.

Quantitative coding fits people's responses to predetermined categories in order

to determine the frequency of events. Qualitative coding is inductive. It reflects

the significance and meaning of events to members of the setting.

      Analysis began with line-by-line coding, which entails reading all

interviews carefully and using a word or phrase to capture the social process

being described. An initial code list is included in Appendix C.

      The next step in a qualitative analysis was to study the codes generated

for themes and patterns by reducing the codes to more general actions and

events.

      The final step in the analysis was to review the data for its fit with the

major code and its four subthemes. This coding scheme helped to establish a

more general understanding of the overarching meanings of insecurity and

unpredictability in the lives of homeless people.

FINDINGS

Archival and Administrative Data

Who are People Aged 50 to 64 and Homeless?

Demographic data was utilized from the 2001 Illinois Regional

Roundtable on Homelessness Needs Assessment Project Study and the recent

fiscal administrative data from 18 agencies collected by this study. In

developing a profile of the homeless we primarily used the Roundtable data

because of its methodological strength and the breadth of its variables.

However, it is now 6 years old. The agency administrative data, although not

representative and with far fewer variables, allows us a glimpse of some

demographic characteristics of the 2,298 older homeless served in most recent

past fiscal year of these agencies.

A Snap Shot from 2001

As Table 6 shows, of the clients aged 50-64 and living in Chicago, 76%

were men and 63% are African-American. About 10% of these clients had

severely disadvantaged childhoods, receiving institutional or foster care, and

17% lived with relatives rather than their parents during some part of their

childhood. Nonetheless, 59% of these clients graduated from high school, and

18% served on active duty in the military. Of all these clients, 20% were

incarcerated. Very few of these clients were currently married, and 20% had

children under the age of 18. Only 11% reported currently working full-time,

while 55% reported casual labor or no current work at all, and the remaining

29% were disabled or consider themselves retired. Of all 123 clients, 13%

reported never being homeless – the rest were currently homeless or had been

homeless in the past. Their average age was 54 (not shown in table).

Table 6
Demographic Profile of All Clients Aged 50-64 Living in Chicago in 2001

Variable	% of Clients Aged 50-64	Variable	% of Clients Aged 50-64
Male	76%	Currently married	5%
Black	63	Has children <18 yrs old	20
Institutional/foster care during childhood	10	Working FT	11
Non-parental relative care in childhood	17	Working PT, day labor, other	18
High School graduate	59	Not working	37
Active duty veteran	18	Retired/Disabled	29
Ever incarcerated	20	Never Homeless	13
N	123	N	123

Sources of Income

Table 7 reports the sources of income over the last 30 days. Of the clients, 27% reported no income at all, and 38% reported receiving only government assistance. Another 19% relied only on earning, family assistance and miscellaneous sources, while 16% combined income from government and non-government sources. Of all the clients, 28% received SSI, 12% received Social Security, and only 1% received veteran's benefits, even though 18% of the clients were veterans. Some clients received income from multiple government sources; by far the most common pattern was to also receive food stamps, although some clients only received food stamps (not shown in table).

Table 7
Sources of Income Over the Last 30 Days: Clients Aged 50-64

Income Source over Last 30 Days	% of Clients Aged 50-64 Reporting this Source
All Income Sources	
None	27%
Only government assistance	38
Only earnings or family help	19
Both government and non-government sources	16
Main Government Income Sources	
Receiving SSI	28
Receiving Social Security	12
Receiving Veteran's benefits (of those who are veterans)	1
N	123

Capacity to Work

Most of the clients were not currently working. As Table 8 shows, only 24% had any kind of employment, most often part time or day labor jobs. Another 44% did not have any employment and 33% considered themselves out of the labor force due to retirement or disability.

Of the 44% who were not currently employed, 73% reported that they became homeless when they lost their jobs, and the same percentage reported that they needed help finding a job in the last twelve months (table not shown). So, overall, about 32% of the clients used to have a job, but were not currently employed. While this indicates a capacity to work, it also indicates that they had great difficulty in the labor market, and jobs that they used to hold may no longer be available to them.

Table 8
Work Status of Clients Age 50-64 Living in Chicago

	Frequency	Percent	Valid Percent	Cumulative Percent
Any Work (FT/PT/labor)	29	23.8	23.8	23.8
No work	54	43.9	43.9	67.7
Retired or disabled	40	32.3	32.3	100.0
Total	123	100.0	100.0	

Limitations to Work: Factors Affecting 50-64 Year Old Clients

A number of survey questions tap health conditions and other statuses that can be related to these work statuses. A simple bivariate inspection of these variables found three categories of variables: those unrelated to any work status, those related to retirement/disability status, and those related to unemployment status.

Variables tapping problems with alcohol, recent hospitalization, and need for dental care are unrelated to any of the work statuses. However, the following seven conditions are related to retirement/disability status:

- Current emotional condition
- Developmental disability
- Needing medical help in last 12 months
- Needing help with medications in the last 12 months
- Needing psychiatric help in the last 12 months
- Needing eye/vision care in the last 12 months
- Being a veteran

The following five conditions are related to unemployment status:

- Bronchitis

- Tuberculosis

- Post-Traumatic Stress Syndrome

- Needing help with drug treatment in the last 12 months

- Being an ex-offender

Overall, only 18% of the clients reported none of these conditions. Most clients had 1, 2 or 3 of these conditions (see Table 9). And these conditions are directly related to current work status. Typically, clients who were currently employed had one of these conditions; clients who were not employed have two of these conditions, and clients who were retired or disabled had three of these conditions. This simple, and by no means exhaustive, inventory of work-limiting conditions suggests that it may not be realistic to expect most of these clients to become financially self-sufficient.

Table 9
Clients Aged 50-64 in Chicago:
Total Number of Health and Other Work-Limiting Conditions

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	.00	23	18.5	18.5	18.5
	1.00	27	21.6	21.6	40.1
	2.00	21	17.4	17.4	57.5
	3.00	21	17.3	17.3	74.8
	4.00	19	15.6	15.6	90.4
	5.00	7	5.9	5.9	96.3
	6.00	2	1.9	1.9	98.1
	7.00	2	1.9	1.9	100.0
	Total	123	100.0	100.0	

How are they Different from the Younger Homeless?

Table 10 summarizes some of the differences between the older and younger homeless. Overall, clients aged 50 and over were similar to clients under 50 years old, but there are some notable differences in gender, race, emotional condition, criminal record, and veteran status.

Clients aged 50 and over were somewhat more likely to be male and to be white than younger clients; not surprisingly, they were much less likely to have children under the age of 18. Importantly, clients aged 50 and over do not look more disadvantaged in terms of their basic life experiences than the younger clients under 50.

This group was somewhat less likely than younger homeless individuals to have been cared for in an institutional setting or by non-parental relatives, and at the time of the survey, a little less likely to have reported having HIV/AIDS or an emotional condition. They were equally likely to have finished high school as younger clients. They were less likely to have been incarcerated, but much more likely to be an active service military veteran.

The older clients first became homeless at a median age of 47, compared to a median age of 30 for the younger clients. Like younger clients, their median time currently homeless was two years. They were less likely to be working full time, but more likely to be "never homeless" and receiving some government income support (social security). Compared to younger clients, there were more "at risk but not homeless" older clients who were receiving some services.

Table 10
Under/Over 50 Demographic Comparisons*

Variable	All Cases	Age < 50	Age >=(50-64)
Male	68%	66%	78%
African-American	53	57	46
Childhood foster/ Institutional care	15	17	10
Childhood non-parent relative care	17	19	13
High School graduate	67	67	72
Active duty veteran	19	14	32
Ever incarcerated	31	35	12
Currently married	12	13	8
Has child <18 yrs old	40	49	17
Works full time	16	19	12
Any govt income	36	30	52
HIV_AIDS	3	4	2
Emotional condition	25	28	17
Never homeless	16	13	12
Currently homeless	67	69	74
Ever homeless	84	87	88
Mean age	44	38	59
Age 1st homeless			
1st Quartile	*23*	*22*	*39*
2nd Quartile (median)	*34*	*30*	*47*
3rd Quartile	*41*	*37*	*52*
Current Yrs Homeless			
1st Quartile	*1*	*1*	*1*
2nd Quartile (median)	*2*	*2*	*2*
3rd Quartile	*4*	*4*	*5*
N of cases	1,324	975	349

* Figures rounded to nearest whole number

Types of Assistance Needed

Also, in the Roundtable study, the types of assistance identified by the older cohort surveyed do not appreciably differ from the younger cohort.[4] As Table 11 shows, the clients mostly reported needs in the area of everyday life: a place to live, a job, and regular transportation. Roughly half of the clients reported each of those needs, and roughly half of those received some assistance obtaining those services. Notably, 38% of the clients needed assistance with food, and almost all of them received help in obtaining food.

Table 11
Types of Assistance Needed & Assistance in
Obtaining Service Over the Last 12 Months: Clients Aged 50-64

Type of assistance	% of clients who needed this assistance over the last 12 months	Of the clients who needed this assistance, the % who got help obtaining it
Everyday Life		
Place to live	61%	62%
Job	46	50
Regular transportation	46	67
Food	38	93
Health Care		
Eye exam or glasses	39	39
Dental care	37	18
Medication	33	66
Medical care	26	66
Rehabilitation		
Alcohol abuse treatment	16	82
Drug abuse treatment	12	87
Emotional problems	13	83
Job training	12	59
Literacy training	5	73
Family		
Family re-connection	9	19
Childcare	0	
Medical care for child	1	
N	144	

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[4] The types of assistance needed by older homeless individuals are expanded on later in the section where we discuss the results of the provider interviews.

Health care was the second most commonly reported need. Roughly a third of clients needed assistance with eye care, dental care, or medication. Of those needing eye care, 39% got some assistance, but of those needing dental care, only 18% got some assistance. Of all the clients, 33% reported needing medications, and 26% needed medical care; of those, 66% got some help obtaining these services.

Alcohol, drug, and psychiatric rehabilitation services were mentioned by only about 12 to 16% of the clients, and about 85% of those needing services got help obtaining them. Educational and family services were mentioned by very few clients.

<div align="center">History and Pattern of Homelessness</div>

Majority Have Been Homeless More than Once

Table 12 describes the experience of clients aged 50-64 with homelessness. Overall, 87% of these clients had been homeless at some point in their lives. Of the clients, 34% have been homeless once, 20% homeless twice, and 33% three times or more. The mean number of times homeless is 2.3.

Most Became Homeless in Mid-Life

Most importantly, the majority of these clients became homeless for the first time in midlife, in their forties. The median age at first homelessness is 47. Moreover, only 25% were homeless by age 40 and 75% were homeless by age 50. While there are some clients who became homeless early in their life and aged "on the street", most of these clients became homeless as middle-aged adults.

Varied Durations of Current Homelessness, with Mean Just Under 2 Years

Table 12 also suggests that half of the clients came to the service sites within six months of becoming homeless. Of those currently homeless, half had been homeless for less than half a year, and half had been homeless for more than half a year. A quarter had been homeless for a quarter of a year or less, while a quarter had prolonged spells of homeless for two or more years.

Table 12
Homeless Experience of Clients Aged 50-64 who are living in Chicago

Variable	% of Clients Aged 50-64 In Chicago	Variable	Homeless Clients Age 50-64 In Chicago
Homeless Status		Age 1st Homeless	
Never homeless	13%	First Quartile	40
Homeless only in past	21	Median	47
		Third Quartile	50
Currently homeless	66		
N of Times Homeless		Yrs Currently Homeless	
Never homeless	13	First Quartile	.23
Homeless once	34	Median	.67
Homeless twice	20	Third Quartile	2.0
Homeless three+ times	33		
		Mean Yrs Currently Homeless	2.3
Mean N of Times Homeless	2.3	N of Client	123

Multiple Reasons for Homelessness

Table 13 shows the results from a "check all that apply" question about the reasons for current homelessness. Since clients could give multiple answers, a cluster analysis was used to group multiple answers into more coherent patterns. For each cluster of reasons, the most common reason is identified first; most people gave that answer. Some people also named a second reason, while other people named only the second reason.

Three "Clusters of Reasons". Overall, of the currently homeless clients, 36% said they lost a job and couldn't find another, and/or reported problems with drinking. Another 39% reported discontinued or inadequate public assistance, and/or disagreements with family or friends with whom they were living. The remaining 25% reported inadequate income and/or illness, or other reason. This last group appears to be "working poor" who lost their homes when they had a health problem. There was no gender or other demographic characteristics that significantly differed between these groups.

Table 13
Reason Currently Homeless of Clients Aged 50-64

Reason Currently Homeless	% of Currently Homeless Clients Aged 50-64
Job loss -- couldn't find work and/or some alcohol problems	36%
Discontinued or inadequate public assistance and/or disagreements with family or roommates	39%
Inadequate income and/or illness, or other reason	25%
N	99

Homelessness by Age

Among clients age 50 and over living in Chicago, about 65% of clients aged 50 to 61 were currently homeless at the time of the Roundtable study. The remainder was at risk of homelessness and had either been homeless in the past or had never been homeless. All were receiving services from the homeless system. However, the ratio of currently homeless to "at risk" changes dramatically as we look at older individuals. The percentage drops dramatically for clients age 66 and older. Of clients age 62 to 65, about 56% are homeless, while of clients age 66 to 69, only 17% are homeless. This decline in

homelessness is probably linked to public policy making elderly housing assistance available to people at age 62 and making social security income available at age 62 and 65, and SSI Old age at 65 (See Table 14 and Figure 1).

Table 14
Homeless Status by Age Category

Homeless Status		Age Category						
		50-53	54-57	58-61	62-65	66-69	70+	Total
Never	Count	14	12	4	5	13	45	93
	%	10.4	15.6	11.4	27.8	48.1	78.9	26.6
Yes, now	Count	99	57	27	9	12	5	209
	%	73.3	74.0	77.1	50.0	44.4	8.8	59.9
Past Only	Count	22	8	4	4	2	7	47
	%	16.3	10.4	11.4	22.2	7.4	12.3	13.5
Total	Count	135	77	35	18	27	57	349
	%	100.00	100.00	100.00	100.00	100.00	100.00	100.00

Figure 1
Percentage of Clients Age 50+ Living in
Chicago Who Are Currently Homeless by Age Category*

*N=155
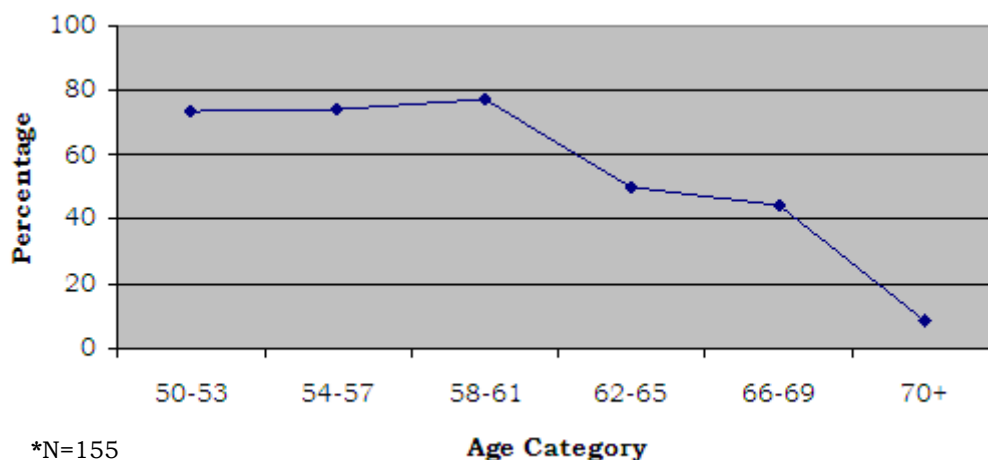
2006 Update Provider Data for 2006: Clients Aged 50 to 64

We constructed a profile of current clients based on the administrative data we collected. Since each agency collects somewhat different information,

we have nearly complete information only on basic characteristics of the clients from 18 agencies. Of these clients, 65% are male, 73% are African-American, and 16% are veterans (see Table 15). Similar to 2001, most are in their early 50's, with 14% 60 or older (Figure 2).

Table 15
Provider Data: Clients Age 50+ in 2006

Characteristic	Number	Percent
Sex		
Males	1,493	65%
Females	796	35
Race*		
Black	1,673	73
White	474	21
Other	1,34	6
Military Service*		
Non-veteran	1,611	73
Veteran	361	16
DK/Missing	325	14
Age Group**		
50-64	1,369	95
65+	71	5
Education**		
Less than HS	149	10
High school	213	15
More than HS	136	10
DK/Missing	933	65
Criminal Conviction**		
No	527	37
Yes	230	16
DK/Missing	682	47
Income Sources**		
No income	564	39
Govt sources only	490	34
Govt & non-govt	11	1
Non-govt only	167	12
DK/Missing	208	14

*These figures are based on data from 18 agencies (N=2298)
**These figures are based on data from 16 agencies (N=1440)

Figure 2
Age Distribution of 50+ Served by Select Agencies in 2006

Mean =54.87
Std. Dev = 4.84
N =1440
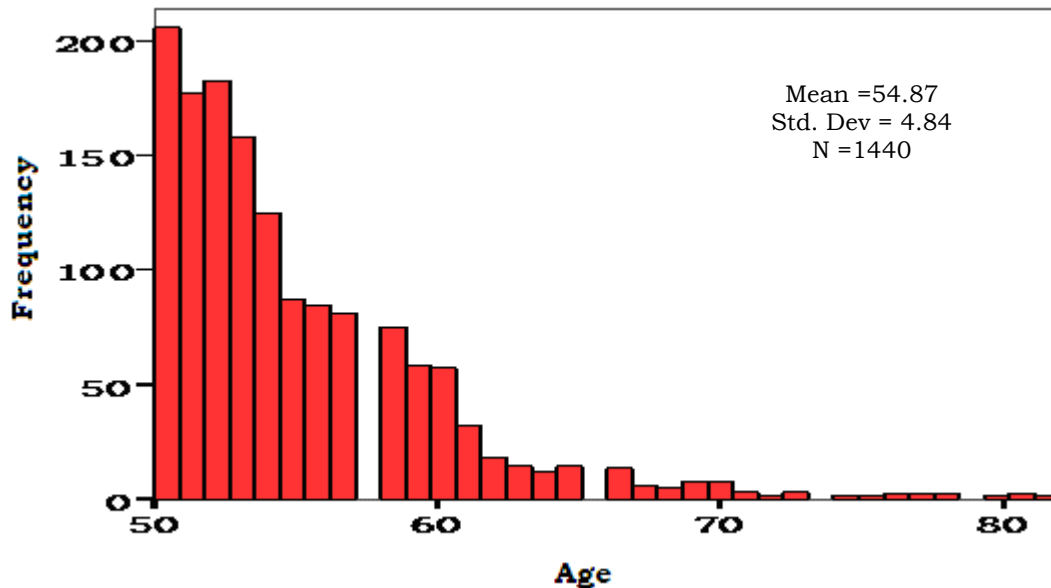
What are the Trends?

Looking at assorted combinations of available administrative data over time, we see an upward trend in the number of individuals 50 and over who are homeless.

Agency Trend Data on Older Clients

There was an average 11% yearly increase in the percentage of 50-64 year olds in the 22 agencies providing shelter and/or housing for which we had more than one year of data (see Table 1). The rates of growth varied by agency:

- 2 saw an average yearly increase of between 31-65%.

- 8 saw an average yearly increase between 11-20%.

- 9 saw an average yearly increase between 1-10%.

- 3 saw an average yearly decrease between 5-11%

According to the client service data from convenience sample 23[5], the percentage of clients aged 50 and over has been stable or growing from 2001 to 2006.[6] Table 16 shows the total number of clients reported by 23 agencies in selected years from 2001-2006. Table 17 shows the percentage of clients age 50 and over in the same years. (Six agencies reported data only on clients aged 50-64, so the percentages in the table are lower than they would be if all agencies reported on all clients age 50 and over).

From 2001 to 2006, as more agency data is available, the number of clients reported increases from 1,825 to 21,635 (see Table 16). More significantly, however, the percentage of all the clients who are 50 years old and older increases from 19% to 24% (see Table 17), an increase of five percentage points over five years. Since a varying number of agencies report data in different years, the trend data has to be interpreted with caution, but the percentage of older clients in their service population is most likely growing. The data from these two charts are also displayed in the following line graphs (see Figure 3).

Table 16
Total Number of Clients Reported
by 23 Agencies, Selected Years 2001-2006

	2001	2003	2005	2006
Nine agencies	1,825	1,642	1,691	1,446
Five agencies		9,177	12,806	13,747
Three agencies			3,044	2,647
Six agencies				3,795
Total	1,825	10,819	17,541	21,635

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[5] Besides the 22 agencies providing housing/shelter referred to above, this sample includes additional data from a health care provider for homeless people.
[6] Although some agencies had complete records back to 2001, and others only had more recent data, the trend is consistent for each group of agencies and for the set of agencies as a whole.

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Table 17
Clients Aged 50+ as a Percentage of All Clients
Reported by 23 Agencies, Selected Years 2001-2006

	2001	2003	2005	2006
Nine agencies	19%	23%	26%	29%
Five agencies		24%	24%	23%
Three agencies			12%	13%
Six agencies				29%
Total	19%	24%	22%	24%

Figure 3
Clients Age 50+ as a Percentage
of All Clients Reported by Agencies from 2001-2006*
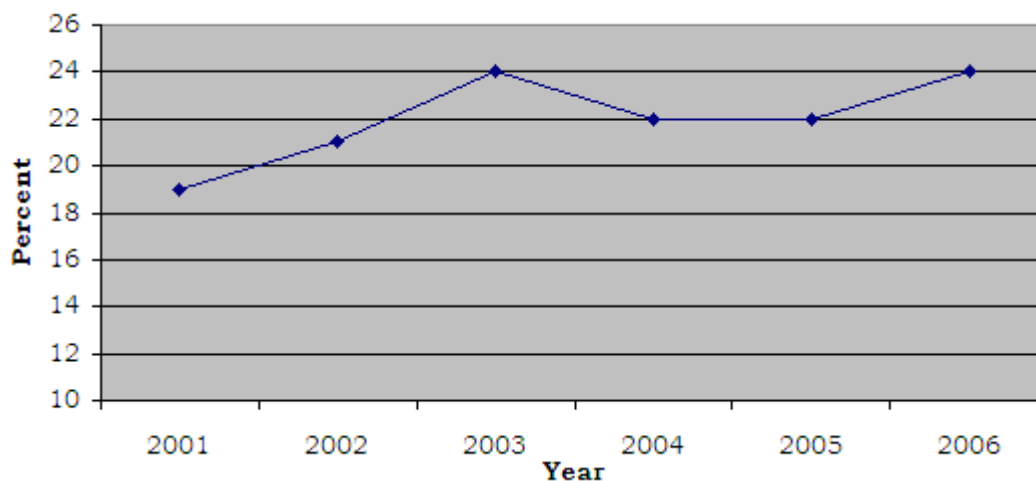
* 9 agencies reported from 2001-2006
 5 agencies reported from 2003-2006
 3 agencies reported from 2005-2006
 6 agencies reported only in 2006

In addition, the 2007 data we were able to obtain is shows upward trends that are consistent with the overall data from the previous years. A total of thirty agencies reported on clients served "to date" in 2007. These included all 23 agencies that reported trend data, as well as 7 additional agencies. Some agencies reported data only from a couple of months in 2007, while others reported on a longer time period in 2007. Nonetheless, of the total 5,769 clients

reported, 25% (or 1,419) are age 50 or older (see Table 18). This is consistent

with the upward trend in the over-time data.

Table 18
Older Clients as a Percentage of All Clients:
Partial 2007 Data from 30 Agencies

	Number of Clients	Number of Older Clients	Older Clients as Percent of All Clients
23 Agencies w/trend data	4,958	1,168	24%
7 Other Agencies	811	251	31%
Total	5,769	1,419	25%

Other Agency's and Systems Age Trends

This upward trend was also found in agencies providing domestic

violence and prevention services, as well as the Illinois Department of

Corrections.

Table 19
Percent of Population under 50 and 50-64 Served by Domestic
Violence Agencies and Average Percent Change in Population 50-64*

Age Range	2000			2005			
	Total clients served	Total clients in age group	% in age group	Total clients served	Total clients in age group	% in age group	Average % change per year
Under 50	1,249	1220	98%	1,309	1255	96%	0
50-64	1,249	26	2%	1,309	51	4%	17%
Total	2,498	1,247	100%	1,309	1,255	100%	

*Infonet data from domestic violence agencies taken from the Illinois Criminal Justice Information Authority.

Domestic violence agencies. Domestic violence shelters in Cook County

saw a 17% average increase in the percent of 50-64 year olds seen in domestic

violence agencies over the last five years. However the proportion of those

individuals served in this age group still remains very low, fewer than 5% (see

Table 19).

      Homeless prevention programs. Data from The Emergency Fund[7], a

homeless prevention programs also shows an increase (Table 20).   While the

preponderance of individuals served were younger than 50, there was a 50%

increase in this older segment.   As shown in Table 20, the Emergency Fund

serves a large number of clients, but compared to other agencies, only a small

percentage of those clients are 50 years old and older. In 2004, about 22% of

the clients of other agencies were age 50 and older, but only 1.5% of the clients

of the Emergency Fund were older. However, the percentage of older clients

served by the Emergency Fund grew to 3% in 2006, and will probably be larger

in 2007.   This trend is consistent with the pattern observed in other agencies.

Table 20
Percent of Population 50-64 Served by
Chicago Emergency Fund and Average Percent Change in Population 50-64

Agency	2004			2006			
	Total clients served	Total clients 50-64	% 50-64	Total clients served	Total clients 50-64	% 50-64	Average % change per year*
Emergency Fund	3,529	53	1.5	6,052	182	3	50%

*This column was figured only from agencies that provided us with data from two points in time.

      We also have one year data for two other agencies some or all of whose

functions are related to the prevention of homelessness: the Homeless

Prevention Call Center, a prevention program instituted as part of Chicago's

Plan to End Homeless in 2007, and the Chicago Legal Assistance Foundation

which provides a full range of civil legal services, including evictions and

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[7] Emergency Fund distributes emergency assistance to metropolitan Chicago's low-income residents to overcome crisis situations through grants for rent, utilities, transportation and clothing.

foreclosure assistance. For each agency, 19% of the clients served were between the ages of 50 and 64 (no table).

Illinois Department of Corrections. Only a small portion of the ex-offenders released each year in Chicago by the Illinois Department of Corrections are over 50. Yet this number is increasing--although at a slower pace than younger offenders-- and 12 out of the 55 agencies interviewed mentioned that they worked with older ex-offenders. One thousand and eleven ex-offenders over the age of 50 were released into the city of Chicago in 2006 (Table 21). This number has almost doubled in the past three years. One provider stated that the long-term homeless she works with are mainly the older ex-offenders, in part because they are being released directly into homelessness. (In private correspondence, a Metropolitan Chicago Information Center (MCIC) researcher studying the corrections data noted that almost 10% of the older individuals released listed Pacific Gardens Mission, an over-night shelter, as their release address in 2006).

Table 21
Ex-Offenders Released in Chicago by Illinois Department
of Corrections (IDOC), 2004-2006 (Unduplicated Count)*

	2004	2005	2006	Increase, 2004-2006
All Ages	8,497	10733	17710	108%
50+	584	745	1011	73%
% of All 50+	7%	7	6	

*IDOC data analyzed by MCIC, Private Correspondence, 2007

Overall Chicago Trends in Poverty and Ageing

The findings above are not surprising considering trends in poverty and ageing occurring in Chicago. As Figure 5 shows, the percentage of poor that are older in Chicago increased from 1989 to 1999.

- Those age 45-54 increased by 2.06 percentage points or 35%.

- Those age 55-64 increased by .47 percentage points or 9%.

Figure 4
Age Distribution of Chicago's Poor *
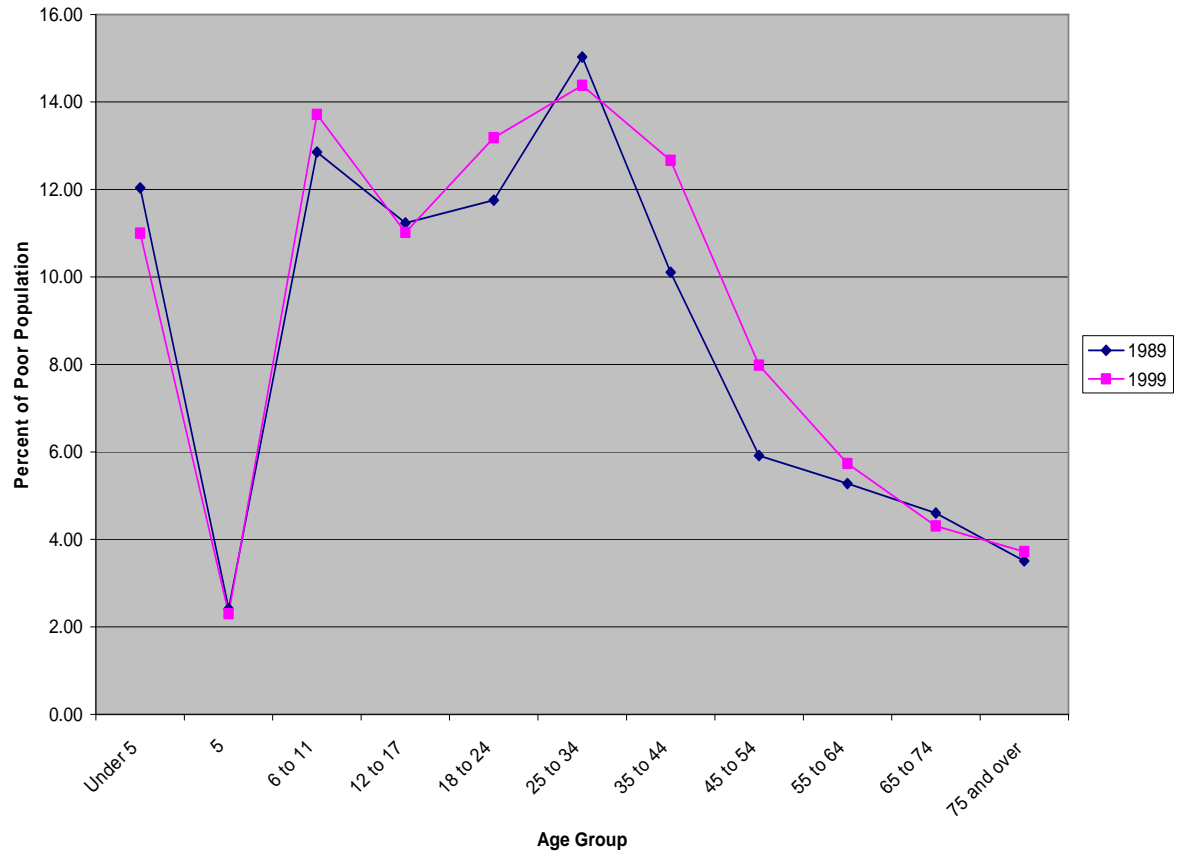
**Data from the 1989 and 1999 United States Bicentennial Census

Provider Interviews:

A More Specific Look at the Issues Faced by Older Homeless Individuals

In the provider interviews we learned in much more detail of the experiences faced by homeless individuals over 50 as they sought health care, housing, employment, and experienced the stress of homelessness. As we listened to these providers, unique issues emerged, reflecting the interaction of age with these ubiquitous issues that all homeless individuals are likely to face. After we review in this section the findings from the interviews with providers, we will turn in the next section to findings from the focus groups and interviews with homeless individuals.

Health Care

Health care, as it is related to the ageing homeless population, was the most common issue mentioned by providers (93%). A number of themes emerged from the provider comments related to this topic.

Economic Effects of Health and Ageing

Our interviews with providers revealed that physical health, homelessness, and age are related in two ways. First, we found that providers saw a link between health crises that ended up in economic disaster leading to older client's homelessness. Second, increased chronic illness associated with ageing meant a decreased ability to be in the labor force.

Health problems = economic disaster. The state of a person's health in the low-wage job market, where absences are not long tolerated, is critical. Providers mentioned that sometimes a sudden medical emergency begins the downward trajectory into homelessness and casual work.

Health status, work, and disability. We found that because of health reasons, for a substantial number of the ageing homeless population,

employment becomes increasingly problematic. Providers reported that poor health and reduced stamina often makes it difficult to maintain employment— especially physically challenging manual labor-- for some people in this age group.

This decrease in ability to work due to illness/disability is not unique to the ageing homeless, but is also found in the non-homeless poor.   Among the segment of Chicagoans whose income is less than 200% of poverty, 40% have disabling conditions that are likely to prevent employment (U.S. Census Bureau, 2005).

Ageing and Chronic Health Issues

Poor physical health was one of the most consistent issues identified by providers as a key issue facing individuals over 50 in particular, with 95% identifying it as a concern. This relationship of age to poor health among the homeless population is underscored in results of a 2006 "bed" survey of homeless individuals hospitalized at Stroeger Hospital. Fifty percent of the individuals were 50 years of age or older (Private Correspondence with Dr. D. Buchanan, 2007). This is a significantly higher number than any estimates of their proportion in the homeless population as a whole.

More chronic health issues. Providers reported that older homeless individuals have more chronic health problems, and observed that these are conditions associated with normal ageing, exacerbated by poor access to preventive health care and "a hard life." Medical examinations of homeless individuals often show that they have more advanced physical problems than non-homeless of the same age (Cohen, Teresi, & Holmes, 1988). Dental care and vision care were also cited by many providers as key health needs of older

people in this group (This need was also reflected in the Roundtable data, see Table 11).

One nurse at a women's housing program commented "the difference is that the health care needs are different--their bodies are older…. Arthritis, vision, high blood pressure and diabetes are more life threatening as people get older." A provider in an emergency shelter said, "A lot of them aren't working because their bones aren't working, they have muscle spasms, they are walking with canes." Others noted that these individuals had "medically complex issues", such as cancer, needed health care screening for chronic illnesses and age-related diseases such as prostate cancer, and access to medication at a "different [higher] level."

HIV/AIDS

On the whole, only a small segment of the ageing cohort is living with HIV/AIDS. But providers reported unique issues associated with age for this population.

HIV/AIDS drug therapies are likely to cause complications in individuals who have been on these medications for a prolonged time. These metabolic complications include diabetes, bone disorders, cardiovascular disease, lipid abnormalities and body composition changes (see Currier & Havlir, 2005). Providers described how periodic health crises and lower stamina resulting from these conditions can interfere with maintaining stable employment necessary for economic independence and unsubsidized housing, while simultaneously requiring greater access to a wide array of health care providers and therapies. While this is an issue for all individuals who are on HIV/AIDS drug therapies, it is especially the case for older individuals. In addition to individuals already

over 50, agencies report that a high number of individuals who have been on this regime for a prolonged time are poised to enter this age group.

Safe Sex and Age

Many of the ageing homeless are likely to be at increased risk of HIV/AIDS and other sexually transmitted diseases due to a lack of knowledge about safe sex practices. HIV/AIDS is difficult for this age group because people in this age group do not think they are at risk for contracting HIV. One provider described a situation in a senior building where men get their check for the month and spend it on rock/crack and alcohol in order to solicit women into sexual acts because dating is a challenge due to their age. Unsafe sex practices and lack of knowledge of safe practices are not unique to the homelessness, but are reflective of a growing problem in U.S. population over 50. (AIDS Action Council, 2001).

Nutrition

Providers talked about the need for access to nutritious food and regular meals. While this is obviously an issue that affects all homeless people, it is especially important for individuals who are in poor health with chronic health problems, a population more likely to be older.

In addition to regular meals, the quality of the food is important. Providers report that fresh food cannot be obtained on a consistent daily—or even weekly—basis from various food distribution programs. "Getting nutritious food is a problem—fruits and vegetables—food pantry food is not fresh—the city has a food rescue program once a month ... but [it] is meager." At the same time, food preparation practices in many institutions that serve the homeless have not "caught up" with healthy cooking practices. In some cases, consumers are ahead of the "curve" and asking for better practices. "Nutrition is

a huge issue [and] the residents are complaining about food, being urged to go to resident counsel to change food and demand more recreational opportunities."

Access to Healthcare

When there were discussions about heath, there were discussions about the problems with accessing health care. While many agencies had developed some very good connections to health care providers, some providing health care themselves, it could not fill the gaps left by the systemic cleavages with US heath care such as a lack of public insurance across the life course, and, locally, a crumbling public system with long waiting lines and reported reduced opportunities for care.

The Cook Country Health System. Every discussion on health issues lead to a discussion of the Cook County Health system. Many consumers depended on this system, and once into the system, were often positive about the care they had received in the past. The changes at Stroeger Hospital were very much on the minds of both providers and homeless individuals[8]. Consumers who relied on this system, experienced long waits and delays. They also reported decreasing services and access with the recent cutbacks at clinics and pharmacies. The increased difficulty of accessing services has led homeless individuals to delay or skip seeking services for chronic conditions which will only get worse.

Health Care for the Homeless. We encountered reports by providers that individuals who became housed lost access to this system. After further investigation, we learned that individuals are allowed to access these healthcare services for up to one year after transitioning to permanent housing, however,

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[8] During the time of this study, there were severe restructuring of services, in particular cutbacks to out-patient and community clinic services, within the Cook County Health system.

the housing they are living in must be government subsidized. We also learned that based on the definition of homelessness used by this organization, individuals who are "doubled up" in friends' or relatives' homes would also be eligible for services.

Public health insurance. Providers did not report a great deal of difficulty negotiating Medicaid for individuals who met requirements. However, some did report problems negotiating Medicare for those who were eligible for benefits based age and work history and/or disability. "Managed care is killing us. Medicare can't be figured out. You put that responsibility on old people when people who work in Medicare can't handle it." (Homeless Service Provider)

Not sufficient home health services. Providers report that some of their clients enter Nursing Homes because there are not enough home health services or supportive services programs that included home health care options.

Employment and Ageing

Even though a growing proportion of ageing workers are unable to work at the rate and intensity of their youth, many older workers, if not most, continue to need and want employment. Yet, employment providers report that finding work for this group is difficult. 60% of the providers mentioned employment related issues in their interviews. One employment counselor laments, "People are healthy, they are willing to work and they want to work. Our ability to help them find work is minimal."

Providers voiced their frustration with their inability to find permanent work for older homeless individuals. If they are able to find available work, it is usually only part-time and erratic. Providers reported that they find employers

reluctant to hire older homeless individuals as regular, full or part-time, employees.

While most providers referred to skilled and unskilled industrial and manufacturing jobs, one contact we made at an employment service agency that has specific programming for older individuals told us that she is seeing people with all levels of education who are losing jobs and cannot find work: "One gentleman with a PhD in this age group was on the verge of homelessness because he spent all of his savings going to headhunters and workshops around the country" (see Table 16; 10% of clients represented in administrative data had more than a high school education).

Harder to Fit into New Labor Market

There is a mismatch between the training and experience of many of the ageing job seekers and the available employment.

> You know, some [older homeless individuals] who are [were] construction workers used to be able to walk on the sites and get jobs, and that is largely not available anymore or there were a lot of mom and pop places where someone could, say, walk in and find a job waitressing for ten hours a week maybe, and that is disappearing; janitorial work is too. The stuff many people would do, like shoveling and cutting grass, is not accessible as before. (Job Counselor)

Job counselors we interviewed reported that the computer literacy and educational skills needed in this new market are less likely to be found in this age group. One reports, "A lot [of older homeless] aren't computer literate and the jobs are beyond their experience."

Age Discrimination in Employment

Underlying much of the discussion about employment we found a number of assumptions and judgments about age. Providers believed a person's age was an impediment to hiring older homeless workers. They understood this ageism as both obvious and discrete. It included perceptions

that older workers are less skilled, are unable to keep up with the fast moving modern work culture. A job counselor reports that "the employers will tell you directly that they don't want to be stuck with someone's pension when [they] didn't get that much [many years] work from them."

While outright ageism may have been a problem, one provider from an agency that deals specifically with employment did provide another explanation for why employers may be unlikely to hire older individuals

> [T]hey may not present themselves – look older than sometimes they are/look less vibrant, especially in customer service – no teeth; Long-term – they have self-esteem and confidence that comes across in interview.

Programs Addressing Employment of Older Homeless Individuals

Through interviews with employment agencies and ageing agencies outside of the homeless system, we were able to identify some available employment and training opportunities that are available. However, the homeless providers we interviewed seemed to be unaware of these resources.

There are a number of programs addressing this issue, the largest of which is run by the Chicago Department of Senior Services, which serves 150 people. The funding for these programs originate in federal grant money under the Older Americans Act and focus on assisting people 55 and older who are looking to get back into the work force. While these agencies report occasionally seeing homeless individuals, this program seems to be underutilized by this population.

Access to EARNFARE and Transitional Assistance

This employment discrimination seems to also impact homeless individuals' ability to assess the state public assistance program, Earnfare[9].

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[9] There is no General Assistance in most Illinois municipalities, including Chicago. Earnfare is the only assistance available to single improvised adults between ages of 18 and 65, Individuals

While homeless providers and consumers look to Earnfare as both a source of income and as a possible entrée into employment, most report that the system does not meet the employment needs of individuals over 50. The design of Earnfare precludes it serving the employment needs of people who are 48 or older. Earnfare mandates that individuals work for food stamps if they are younger than 48. Individuals 48 and over can receive food stamps without the work requirement, although they can sign-up voluntarily for the job assistance services of Earnfare. However, the Illinois Department of Human Services (IDHS), which manages Earnfare, prioritizes finding Earnfare jobs for those under age 48, who are mandated to work. The unintended consequence of design, then, is that older people do not get the opportunity to be placed in Earnfare positions with a private employer, nor have the potential to transition to permanent employment with that employer.

In our discussion with welfare advocates and staff at the IDHS, many homeless individuals over 55 could be eligible for Transitional Assistance (IDHS, 2008). Few consumers or homeless agencies were aware of Transitional Assistance, or they confused it with Earnfare. Transitional Assistance is available to individuals over 55 with no resources and to individuals who are disabled and either waiting for an SSI ruling or appealing a ruling. These benefits include approximately $100/month, a medical card, and access to advocates who will assist in applying for SSI or appealing a rejection.

Access Disability (SSI, SSDI) Benefits

We found reports of systemic problems with the SSI and/or SSDI benefits that are important for the segment of this cohort that cannot work due

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can only received for six months out the year and are required to work for their food stamps and an up to $300 cash stipend. Individuals are place in jobs in the private and non-profit sector, which are identified by a state agency, the Illinois Department of Human Services (IDHS).

to physical or mental health problems. Providers described very high denial

rates and long authorization periods: this is borne out in reports showing a

national backlog of 755,000 cases (up from 311,000 in 2000), an average

appeal waiting time of 500 days, and a high number of denials at intake—2/3

of those who appeal an initial rejection win their case (Eckholm, 2007).

Providers discussed how these long waits and denial rates have an

adverse impact on individuals' sense of efficacy.

> Trying to get somebody Social Security (SSI and SSDI) benefits is
> just a joke; it is time consuming and intense. [The] [r]ejection rate
> is around 88%. People start to get jaded... People just don't want
> to go through the process.

Social Security experts and advocates that we interviewed generally

agree that this system is too difficult to navigate without assistance from an

advocate.   These individuals also reported that homeless serving agencies need

to have on staff –or have a strong referral relationship with—advocates whose

only purpose is assisting in obtaining these and other benefits, most agencies in

our sample did not have such staff. While every agency reported trouble with

obtaining Social Security benefits, the importance of having staff with

specialized knowledge in this area was only discussed by one of the providers

we talked to. Additionally, only two providers discussed connecting clients with

legal assistance agencies to help obtain benefits.

Another difficulty with obtaining these benefits is the need for

documentation of physical and/or mental health problems. Obtaining this

documentation can be very difficult for providers when working with older

individuals who have not had a consistent healthcare provider. This issue is

further compounded by individuals' inability to pay for physicals needed in lieu

of previous documentation.

Innovative Programs

While there are many problems with this system, advocates we interviewed pointed an innovative program working to get individuals approved for SSI/SSDI on the first application in Chicago[10]. Some of the successful cases in this project have been with individuals over 50. Social Security in its determination of eligibility for SSI or SSDI can factor in the an increased difficulty in finding employment or obtaining re-training as people age with the disability assessment in determining eligibility. Three key components to the success of these types of projects have been their ability to reconstruct detailed histories of individuals due to funding for obtaining documents, the participation of medical experts who are willing to conduct extensive assessments of individuals, and upfront "checks" for those individuals who they feel have a "presumed disability" before a diagnosis is made.

Housing and Ageing

Housing and housing-related issues are obviously one of the most crucial and immediate needs of homeless people, and issues related to housing were discussed in detail by 64% of the providers we interviewed. Providers often expressed frustration that individuals who they estimated to be "retired" and unable to compete in the work force were unable to access publically funded retirement housing.

Providers reported that subsidized housing is limited, with long waiting lists, and that most of older homeless people are too young for Senior Housing. As a result, many providers from permanent supportive housing programs reported that an increasing proportion of their residents were over 50%.

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[10] This effort is modeled on the SSI/SSDI Outreach, Access and Recovery (SOAR) Initiative. More information on SOAR can be found at http://www.prainc.com/SOAR/

In a few cases providers reported that this increase in the average age of their clients has led to programming appropriate to an older population, but most reported that there were a lack of housing programs that offer age-related services, such as age-informed counseling, support groups, health and nutrition programs, and exercise programs geared to this age group, such as those available in senior housing.

Also, some providers also reported tensions or "differences" between younger and older homeless.

> [The ageing homeless] doesn't have as much access to certain types of housing because a lot of people who are living there are younger. There is no willingness to accept the older population and [the older population] has no desire to live with the young."

In addition there were some safety concerns, which are reported in another section below.

Ageism

Ageism was seen as causing problems for homeless individuals beyond what was discussed in the employment section above. In regards to the general lack of willingness for people to help the older homeless, one provider pointed out that "[c]hildren [in need] are certainly more glamorous than older people, so older people are the first to be forgotten.

Agency Discrimination

It was recognized among providers that some agencies were guilty of discrimination against older homeless individuals. This problem was discussed in relation to the "creaming" of clients, when agencies only accept those clients who will make the staff or agency look good.

"Creaming" was recognized by one provider as resulting in the "steering" of older homeless individuals to particular agencies when do not want to accept

them. "Creaming" and "steering" were both seen as problems affecting access to housing specifically and broader social services in general.

Dignity

Two providers specifically spoke about the general disregard for older people in our society and the affect that this can have on older homeless individual's dignity.

> I don't think they are really given the dignity that they are owed … [because] [w]e don't like to think that that can be us in a number of years.

The provider who made the comment above specifically works with older homeless clients, and she continued to speak about how she finds it degrading when older homeless individuals are forced to come to a provider's office because it is, at times, too physically and emotionally demanding for them.

Support Systems and Social Networks

We encountered a number of diverse stories of family support and social networks. Providers reported that some individuals did not have families or friends who could help them when they lost their housing. Even when possible, doubling up with relatives and friends was at best a temporary solution to a housing crisis.

A number of providers reported that their older clients were less likely to be connected to family or friends than were younger clients. They gave many different reasons for this state of affairs: many family members were also on the verge of homelessness or were homeless themselves; older individuals had burnt more bridges with various family members; younger individuals were cut a greater amount of slack by their families. Sometimes the death of a spouse or care-giving relative leads to the loss of housing. Some families are unable or unwilling to care for their ageing relatives.

Providers gave numerous examples of problems with isolation in this age group. Individuals were portrayed as loners, who could often only offer up the name of their case manager as an emergency contact. A provider serving young and older immigrant women observed that that older women were less likely to have contact with individuals their own age. Poor health and isolation were often linked.

Age Specific/Sensitive Programming

We found that the majority of the agencies were aware of some of the issues facing the older homeless; however agencies response to the need for specific programming for older clients was mixed. In most cases, agencies did not have special programming or training in place (only 16% of the agencies reported specialized programming for older adults) and some of their staffing and programming was not conducive to older clients.

For example, one issue that some of the providers working in the homeless system for a number of years pointed out was the mismatch between the relatively young age of front line staff and age of clients. Comments made in regards to this issue spoke mostly of the concern that younger staff is not as aware of the difficulties and life situations of 50-64 year olds as older staff might be.

Those agencies that recognize this problem have begun to provide their staff with special training on ageing issues. One agency has recognized the importance of changing the focus of their therapeutic interventions. Rather than using a "traditional focus" on childhood issues this agency is focusing on life stage issues.

Other agencies reported innovative group activities that they were providing. For example, some providers pointed to their agency's recognition

that some older homeless clients need to take more time to complete program specified tasks than younger clients. This is particularly true in employment training programs where this problem can be related to lack of knowledge and/or familiarity about current work skills/technologies.

Yet, specialized approaches were also seen, by other agencies as problematic. Providers that had not developed any specified programming for 50-64 year old homeless individuals suggested that special programming is not needed or feasible, in fact many perceived it would illegal to provide programming for the older age group because it could be considered discrimination.

Mental Health Issues and Ageing

From the standpoint of almost half the providers (44%), mental illness and issues they encounter are widespread in the ageing homeless population. In fact, providers identified mental health (frequently in tandem with substance abuse) as one of the top three issues, along with physical health and housing, facing the clients they served.

General Systematic Issues

A number of the mental health issues that providers pointed to were not unique to older individuals, but to any individual who was homelessness. For example, many raised the issue of access to mental health services care, especially in light of contraction of the local public health hospital (John Stroger, Jr. Hospital of Cook County) that was occurring at the time of the interviews.

In addition to access, providers pointed that lack of an adequate continuum of care and insufficient numbers of therapeutic social workers and/or psychologists serving this population create multiple mental health

diagnoses, misdiagnoses and/or poor treatment. Another common problem was the lack of systematic and reliable system of continuing medication. Often patients are given sample prescriptions by physicians with no obtaining refills and little medication management services are offered or are of good quality.

Finally, providers reported that there was not enough housing with available mental health services. Often, housing programs are not willing to house individuals with serious mental illness.

Difficulties Associated with Age

Most of the providers talked less about higher *occurrence* of mental illness with age, and more about an increased *difficulty* that emerges with age. Providers reported that mental health problems become more apparent and often have progressed through the years. They believed that older clients sometimes have less ability to deal with issues. In addition, they report that older psychotropic drugs often have more visible and irreversible physical side effects than newer drugs. Finally, side effects related to prolonged use of multiple drugs leads in many cases, to an increase in chronic physical problems.

One provider pointed out a particular difficulty he had when working with older clients in his facility.

> It seems like there is more work and following through with the seniors [he refers to all older clients as seniors-ed]. Some just really can't do it, a lot of them can't mentally and physically do it, can't remember and it is overwhelming. Some things you can't do anymore [because your] paralyzed …they don't think they are mentally ill, [actually it's] more that [they] don't want to admit they are mentally ill. [A] lot of them have depression, dementia, and Alzheimer's.

As the statement above shows, older homeless individuals not only have to face mental health problems that are associated with the entire homeless population, but they sometimes have to face the early stages of a unique mental

health problem of old age, dementia. Specific mental health problems

mentioned by providers include depression (major and minor), schizophrenia,

PTSD, and personality disorders.

Specific older mental health subpopulations. Veterans and ex-offenders

were two other groups that providers specifically targeted when discussing older

clients' mental health problems. 32% of the older Roundtable sample (see Table

10)[11] is made up of veterans. A number of the providers we interviewed

associated with veterans with persistent mental health problems, particularly

post traumatic stress disorder (PTSD). Older ex-offenders also can have specific

mental health issues because "[a]fter serving that much time in jail they have

anxiety attacks because of adjustment from cell/prison life and because they

are also likely to be cut out of the job market due to their criminal records."

Life stage issues and counseling. A number of emotional issues identified

by providers also tied to life stage. As one provider noted, it may be

inappropriate to gear a therapeutic approach to "childhood events", as many

therapists have been trained to do.

Many providers pointed to an *increased isolation* and lack of social

support among older homeless individuals. They identified the need for more

support groups and recreation activities focusing on this age group.

The loss of a loved one was identified by providers as being especially

traumatic, impacting hard on individuals who have already had a limited group

of close relationships they can depend on.

Situational depression was also identified by providers as an issue that

had an increased occurrence in this population. Often this is tied to the stigma

associated with being older and homeless. Homeless people blame themselves

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[11] This is much higher than the Roundtable sample as a whole. For all ages in the full sample, 19% are veterans.

for their fate. Providers described that this could especially occur with individuals who may have just entered their first spell of homelessness. While confronting homelessness at any stage of life can be difficult, a provider who spoke of this issue recognized that it can be particularly difficult for those who were middle or working class for their entire lives before becoming homeless in midlife such as the "new population of depressed males [usually over 50] who have lost jobs...that is very difficult to address." Another provider described, "When they do hit bottom (due to lack of employability) it is hard because it is so degrading to them. " Another provider reported an increase sense of hopelessness in individuals with over-whelming problems with chronic illnesses "they are so depressed...they feel that they can't do anything anymore."   Some individuals have a difficult time accepting disabilities that came upon them in latter life, and resist the dependence and changes thrust upon them.

> I have blind clients that are very resistant, they are mad at the world. We try to put them in blind housing, they don't want that, they want their own apartments...They are really angry people and they haven't received any training or help.

Substance Abuse and Ageing

A large number of providers (61%) interviewed mentioned substance abusers as a subpopulation of 50-64 year old homeless clients. It was difficult for providers to talk about substance abuse without discussing mental health. Overall, while substance abuse was seen as an important factor to address, only two providers saw it as an immediate need to be addressed first with this population.

General Systematic Issues

As with mental health, many of the problems related to substance abuse and homelessness that providers pointed out affect individuals across the age

spectrum. Regardless of age, providers observed that substance abusers were likely to have greater physical health deterioration. In addition, substance abuse often leads to denial of benefits for physical health problems.

Providers reported that there are not enough long-term inpatient programs. Often, they complained, program admissions moves too slow and is not effective in getting people admitted to care during the critical moments when they are willing to accept help. And, as they reported about homeless individuals with mental health problems, providers reported that individuals with substance abuse are not able to find housing with appropriate supportive services. Finally, not surprisingly, providers found it difficult to place substance abusers in jobs.

Substance Abuse Patterns and Age

Substance abuse was seen by providers as a problem that usually began before the individual was 50, and was often a cause of homelessness, and they reported two contrary ways in which age seems to interact with substance abuse. On one hand, because of the long term chronic use, there are often more pronounced health and behavioral problems due to the toll that years of abuse can have on the mind and body. The older abuser can also have some more deeply ingrained behaviors related to substance abuse.

On the other hand, providers reported that there seems to be a "cooling off" of substance use in this population. While deeply ingrained behaviors may seem like a overwhelming barrier for most providers when dealing with older substance abusers, some of the providers proposed that it is generally easier to deal with the problems of older substance abusing clients because, as one provider put it, "once they get to the age group the profundity and breadth of substance abuse isn't as much of a problem or barrier". He went on to say, and

other providers echoed these observations that most older clients either took less of a substance when using, chose to use substances that were not as strong (i.e. choosing to use prescription pain killers, marijuana, or alcohol instead of crack), and/or did not have as many behavioral problems associated with their drug use as younger clients (e.g. verbal abuse, physical violence, destruction of property).

Special Populations of the Ageing Homeless

Veterans

Of the 55 agencies that the project interviewed, 35% specifically said that they worked with veterans. According to the National Survey of Homeless Assistance Providers and Clients (U.S. Interagency Council on Homelessness and the Urban Institute, 1999), veterans account for 23% of all homeless people in America. We found in the Roundtable data that veterans were concentrated in the sample over 50, where 32% were active duty veterans (see Table 10).

These numbers are likely to have increased in the past 6 years as more baby boomer Vietnam era veterans turned 50. Data from one housing program in Chicago that targets homeless veterans shows that 66% of their residents are over 50.

Struggling with benefits. We found a mixed situation regarding veterans' ability to access benefits and supports. On the one hand, as a subpopulation of the ageing homeless, veterans are potentially eligible for more benefits, such as medical care. On the other hand, according to the Roundtable data, there is a low take-up rate of benefits among veterans. For example, in that 2001 study only 1% of older veterans reported receiving veteran's benefits. Providers we interviewed suggested some possible explanations for the low take up of

Veteran's benefits by these homeless individuals. These included difficulty getting into the VA system, with its long waiting lines; the high number of homeless veterans with less than honorable discharges and disputes over whether a veteran's illness/disability was service-related.

Ex-Offenders and Ageing

Twenty-five percent of providers mentioned older ex-offenders in their interviews as a population that had specific needs. While all ex-offenders regardless of age face significant problems due to lack of transitional support on release from prison, significant barriers in finding employment and the restrictive housing regulations, the older ex-offenders face compounded or unique barriers associated with age and duration of incarceration.

Senior housing and residency restrictions. Senior public housing for individuals 62 or older is limited by residency restrictions that are in place in some of the public funded housing, including CHA. "Tenant selection plan" rules applicable to public housing authorities funded by the U.S. Department of Housing and Development (HUD) require or mandate that two categories of people be excluded from HUD-supported public housing. One group of mandated banned persons is sex offenders who are required to register for life. The second group required to be excluded is people convicted of selling crystal methamphetamine. In addition, the federal rules permit local housing authorities to establish other categories of exclusion, banishment or ineligibility.

Multiple offenses and long duration of incarcerations. According to several providers, many ex-offenders have re-offended multiple times and create substantial prison records by the time they are 50-64. This cycle of arrest, release, re-arrest, etc. interrupts Medicaid eligibility and participation, other

healthcare connections and funding arrangements, housing, employment, and positive family and/or other community connections. Upon his or her re-appearance in the "free world", nothing automatically happens to restore any of these connections.

In addition, providers reported that the longer a person had been incarcerated, the greater the culture shock he or she is likely to experience as the demands of participating in society as a self-sufficient citizen arise. One provider reported that older ex-offenders having panic attacks in attempting to adjust from prison life. Older ex-offenders may find institutionalized life is easier to manage than the difficulties of finding adequate employment, housing, and supportive personal relationships. This can lead to the resumption of former lifestyles and parole violations or actions that re-incarcerate the individual.

Past records and increased background checks. Providers reported instances in which individuals were getting fired because of background checks Providers recounted that laws created after 9/11 increased the rigorousness of background checks in many areas of employment, such as federal and state jobs, and jobs that contract with government agencies, such as engineers. Speaking on the effect these changes have had for older ex-offenders, a legal aid provider stated, "We have people who worked for the park district for 16 years and then they were fired because of something they committed 20 years ago...many of these people did not even have any significant jail time."

An underutilized resource. In interviews with legal assistance staff, we found that while there are some legal strategies such as expungement of records available in some case, this strategy is underutilized. While expungement of offences and sealing of criminal records can occur for

individuals, it is generally thought to be too difficult or expensive of a process for many older homeless individuals or providers to attempt. In actuality there are programs within the city to assist low income individuals in the expungement process. However, we found that most providers and their clients were not aware of this resource. For example, a legal program in downtown Chicago reported that while they were housed in the same building with city of Chicago staff, they do not receive any referrals and the city workers seem unaware of their work.

Immigrant Homeless and Ageing

Four of the providers who we interviewed worked with older immigrants who where homeless. They reported that the immigrants often face many unique difficulties because of their non-citizen status as they attempt to leave homelessness. The providers described the difficulty in serving the needs of their immigrant clients because of restrictive social welfare policies that exclude immigrants with insufficient work histories or who are undocumented. In addition, mismanaged documentation of legal immigrants often exacerbates the situation.

One provider, who works with immigrant Asian women, outlined a particularly poignant situation. Grandmothers brought to this country to care for their now grown grandchildren find that their families are unable (or unwilling) to support them with their increasing health and other needs. Nearing retirement age and never having worked or been the spouse of a member of the US labor force, they are excluded from most social welfare programs such as Medicaid/Medicare, SSI, and Social Security.

The legality of the immigrants also causes a number of problems with obtaining services. For instance, one provider recognized that large portion of

the immigrant Eastern European homeless population she works with suffers from alcoholism, but their lack of documentation means they are unable to find help. Immigrants with medical problems also face such barriers because nursing homes cannot receive funding for their services to undocumented individuals. Another provider reported that undocumented individuals cannot qualify for senior housing.

One provider pointed out that problems with documentation are often compounded by the double stigma that society places on homeless and immigrant individuals. In terms of finding employment, this becomes a threefold problem when combined with ageism in the job market. Moreover, many homeless immigrants came to America to help their families financially and are ashamed to go back to their birth country in a poorer state than when they left.

Safety and Ageing

We found from many of our informants that safety, always an issue for homeless individuals, becomes even more problematic for the older homeless. Gangs and young toughs often target older men whom they identify as homeless and defenseless. A provider stated that: "Seniors are more vulnerable in the evenings and in the city in general." In addition, younger residents of some buildings may victimize older residents who are lonely or confused.

One provider stated:

Many of the older people like to feel included, and they will give younger people money for this reason and to be nice. [We] had a situation when a senior was losing his sight and could not distinguish between denominations of money. We have to watch to make sure younger people were not taking advantage.

Transportation and Ageing

Transportation assistance is a need for homeless individuals in general, however, providers pointed out that for the aging homeless it is often a crucial need. They described how the aging homeless have more health issues, thereby necessitating more trips to medical professionals. A particular issue that was pointed out was many older homeless individuals' problems with mobility that makes transportation to basic things like shopping for food, getting to job interviews, and getting to medical, dental, and vision appointments especially problematic. In particular, as stated by one provider: "Transportation is a big problem for people who have some difficulty but do not qualify for disability transportation."

Identification, Documentation, and Age

The Real ID Act of 2005 was put into effect after 9-11. This act put more stringent federal guidelines on state identification requirements (see Egelman & Cranor, 2006). Providers report that this law has only made the lives of people who do not have identification more difficult, and has made new identification very difficult—some said "impossible"—to obtain. As one provider put it, "Everything requires ID, but now ID-required ID!"

While obtaining identification may be seen as a problem across the age spectrum, we found that it is especially difficult for older homeless individuals whose birth and other identification records are less likely to be digitalized. One provider explained:

> For IDs, it is harder to come up with records for a 50 year old than a 20 year old. The changes in technology make records better for younger people.

Providers have become creative in addressing this problem. While a majority of agencies voiced their frustration with this issue, some agency staff

had found ways to respond to this problem. For instance, one agency informed us that they utilize easier to obtain high school transcripts when they run into problems obtaining other forms of acceptable documentation for older individuals.

Snapshot of Chicago's Homeless System: Current System Needs for Serving People Who Are Homeless and Aged 50-64?

Homeless service agencies are very aware of the growth in their consumer population of people 50-64. Given that this trend is relatively new, they are just beginning to identify some of the challenges specific to this population. Of the agencies interviewed for this study, approximately one out of four have begun instituting staff training or special programming to meet identified needs.

Staff interviewed identified staff education as their most pressing need. Areas of interest that they identified included:

- Life stage issues

- Aging in general

- How to address the sense of isolation, loss and grief of this population

- Questions about how much older people are "set in their ways" and therefore how much change to expect of them

- Should there be concern that staff is often significantly younger than these consumers?

- Is a traditional therapeutic approach, focusing on childhood events, the correct approach?

- How to help maintain their sense of dignity

Some agencies seemed uncomfortable or unclear on how their agency could serve this population. They had questions about what constitutes age

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- How to help maintain their sense of dignity

Some agencies seemed uncomfortable or unclear on how their agency could serve this population. They had questions about what constitutes age

discrimination. Some questioned as to whether an agency could create housing and employment and training programs that serve only this age group. A few felt that specialized agencies should serve this population and screened out older consumers because they may be viewed as uncooperative and therefore unable to meet the outcomes required of the agency.

In general, we found current program often did not meet the specific needs of the older population. This was often un-intentional, such as lack of access to exercise, nutritional programs, and recreational and social supports for homeless consumers in general, but which had an especially deleterious impact on the older homelessness. Another example was the dearth of job skills training that is geared to the specific learning needs and pace of older consumers; oftentimes these consumers have almost no knowledge of computers/technology.

Main Stream Ageing Programs and the Homeless

This study did not conduct a comprehensive review of ageing agencies in the Chicago area. Rather, we focused on the two large public agencies in the area and AARP.

The two major public agencies that address ageing in Chicago are the City of Chicago Senior Service Department (formerly Department on Ageing) and the State of Illinois Department on Ageing. Not only do these agencies provide various services, but they are a key part of the informal –and on some issues formal--network of public and private system that provider ageing services in the area. In discussions with representatives of both of these agencies, three things became clear. First, directly or indirectly, some of the issues that they are facing are directly related to homelessness or the prevention of homeless. Secondly, these public agencies and the other public and private programs have knowledge and resources that can be of value—and in some cases are already-- to the homeless system and homeless individuals. Finally, the homeless system also has perspectives and understanding that are of use to the ageing system.

Chicago Department of Senior Services

This agency has a mandate to serve older Chicago residents. Most of the program, such as the 5 regional senior centers and 8 satellite centers, focus on Chicagoans 60 years of age and older However the eligibility for some of the programs that they administer—such as the employment program mentioned in the earlier discussion on employment and a cultural program (the Renaissance Court)—begin serving individuals at 55.

This agency is already serving homeless individuals, but not without challenges. This is true of two centers in particular: the Northeast (Levy) Center and the Northwest (Copernicus) Center. These challenges are being approached

with both expansive and restrictive strategies. At the Levy Center, a new "hanging out" area was developed to address the needs of homeless patrons. At Copernicus there were problems with homeless individuals—many of them immigrant—sleeping on the roof and outside benches. In this case, the benches were removed and security increased.

Senior Services has familiarity with many of the issues of homelessness from the homeless individuals it serves (it was not able to give us data as to numbers) and described various situations. These situations included

- Efforts to place chronically homeless individuals in stable permanent housing,

- Working with disorganized individuals with income who become homeless through lack of payment of condo assessments or rent, and

- The plight of illegal immigrants in the Polish community surrounding the Copernicus center, who suffer for alcohol abuse and are estranged from their families.

In addition, Senior Services works on eviction prevention and mitigation. For the past three years they have worked with the Sheriff's department to get prior notice of evictions to help place the evictees in supportive housing, with families, or in nursing homes. Also, in the past year they have been working with CHA on advance notice of evictions as well.

Finally, as mentioned earlier in this report, Senior Services has a Title V training program for poor older Americans 55 and older that has 150 slots.

Illinois Department of Ageing (IDA)

The goal of the Illinois Department on Ageing is to help older people live independently in their own homes and communities. While its work covers all aspects of services, public education, and policy issues related to the needs of

the elderly, one important focus is related to nursing homes and long term care: assisting individuals to stay in their communities, ensure the quality of nursing home care, and a recent demonstration project to assist individuals transition from nursing homes back to independent living.

This focus, and especially the experiences of the demonstration project, directly link to issues of homelessness. One of the main issues being faced in the demonstration project is how individuals, once placed back in the community, were able (or not able) to stabilize their housing and what supportive services were (and were not) in place to assist them.

In addition, IDA commissioned research on the income necessarily for an individual to transition from a nursing home back into independent living which is now available.

AARP

This national organization focuses on issues of Americans 50 and older. It is a good source of policy information on ageing related issues; has a strong legislative advocacy component; and, is also a possible resource on legal advocacy. It has few programs that directly focus on issues of poverty.

Its chapters in Illinois have a very active state legislative agenda that is currently focusing on maintaining individuals in their homes, utility issues, comprehensive health care reform, and protecting senior's economic security. Its national Foundation includes legal advocacy focusing on discriminatory laws and policies on the state and national level. It also administers employment programs such as the Title V program administered by City of Chicago Senior Services, but there are none in the Chicago Metropolitan area.

Focus Group and Life History Interviews with Homeless Men and Women Over

the Age of Fifty

While the providers have illuminated many of the systematic issues and barriers older homeless encounter, the older homeless individuals who participated in our focus groups and life history interviews were able to tell us how these issues play out in their daily lives and what this means to them and others like them who are affected by a broader service system that fails to take ageing to the level of consideration it deserves.

Even Working People Can't Afford the Rent

Our first focus group interview was held in a day shelter in a poor neighborhood on the city's South side. We were buzzed into the one-story brick structure through glass doors pock-marked with bullet-holes, by a woman who spends her days there searching the web for jobs. Startlingly, across the street from this building was a new residence advertising condominiums for sale at market rates.

This replacement of affordable housing with upscale condominiums has become an all too familiar sight in Chicago, and this reality was uppermost in the minds of the group participants that day. They explained that with incomes no higher than $200 to $300 a week at best, they had no access to this housing that now threatens the neighborhood. "If you're homeless," one participant remarked, "you can't get your foot in the door. But if you make two hundred dollars, two fifty a week, and if we have housing where the rent would set at a certain level, we could afford that."

This chapter chronicles the circumstances older homeless and near-homeless individuals in Chicago face, drawing on their words, experiences, and perspectives. Part one discusses the problems they meet as they try to manage

life on the streets and in shelters. Part two describes their efforts to find employment and income. Part three presents their assessments of the services they need and the quality of those to which they have access. Part four explores the ways that their encounters with formal and informal services and supports have transformed how they imagine their prospects for housing, work, and a productive life. The chapter concludes with participants' suggestions for change.

Beginnings: Facing Homelessness

We encountered a diverse group during the course of the focus groups and life history interviews. This group challenges stereotypes that portray homeless individuals as people who were never engaged in the workforce due to substance abuse and/or mental health problems. Rather, we found the majority of individuals had worked their entire lives but were no longer employed for a variety of reasons. A lifetime of earning only modest incomes has left this group without health insurance, pensions, or any economic reserves. Being too young to qualify for social security in many cases, they are, as a result, one crisis or one job away from losing their homes. The crisis might be a devastating illness or it might be the loss of a job due to a workplace shutdown, a corporate merger, or an industry's move to a country with cheaper labor or lower taxes. The precariousness of housing for older individuals becomes clear from the work histories of three of our participants; Shirley, Crystal, and Rodney. [12]

Shirley came from a working-class family which included her mother, father, sister, and herself. Shirley's father was a licensed plumber contractor and her mother assisted in this business. Shirley graduated from high school

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[12] All names in this report are pseudonyms.

and attended college for over a year. Since leaving school, Shirley has held a

series of jobs. Incarceration and the loss of her family home have left her

homeless. She is now faced with finding a job as an ex-felon, a record that

guarantees that she will have enormous difficulty finding the work for which

she is clearly equipped.

> I was involved with a lot of different companies so I was learning a
> lot of different things. I went from working in a factory to working,
> well, in a factory on an assembly line, to going to an office and I
> was doing, what do you call it, I was auditing, like, the prices of
> wine to different restaurants for this wine company called Romano
> Brothers. You know, which is very interesting how we did that. I
> worked in a place where we packed ice cream cones for McDonalds
> and Burger King. I worked in Hertz . . . way out in the suburbs,
> past the airport. Where I worked 3 days, 12 hours, and then I
> would be off 4, then I worked 4 days, 12 hours. . . And then I
> worked for [a company] called Signature Group telemarketing. I
> also worked for Market USA, which was another telemarketing
> company, but I would go, it was out there in Des Plaines. I would
> go to that first, for. Market USA, and then I would leave there and
> go to the Signature group. I worked at Hertz from 1977 until my
> daughter was 13, so I must have worked there 13 years. And then
> I went to Kelly and I worked there from I think 91 until, I could
> probably call them now, I never stopped working for them. Eleven
> dollars an hour was from Hertz. . .I started out there driving a bus,
> but like the ladies that rent the cars at the counter, they had a
> separate contract, same union, but separate contract. So that
> meant I couldn't go from being a bus driver to the job. Now they
> could do that now to the job behind the desk renting the cars. I
> went from the bus driver job to the dispatcher job. Where I took
> the inventory of all the cars, and the information, like when you go
> to the airport, you go right there to rent the car, they give you a
> contract and the keys, and the bus takes you to the location and
> drops you off right to the car. So that is what I did.

 Shirley says she was homeless twice, but she counts as the first time

when at 32 she left her husband and moved back to her parents' house with

her two children. Presently she is homeless for the second time after serving

four years in the penitentiary for a violent crime that she refuses to discuss.

The relevant background to this crime may be the series of deaths and illnesses that wracked her family.

> My mother became real ill and then my father passed away so I just kinda stayed there to try and help her out as much as I could. But she passed away. I had breast cancer, I was diagnosed, she was diagnosed with breast cancer in 99, and so was I. Matter of fact, I had breast cancer surgery a month before my mother had. And I had my surgery in March, my mother had hers in April, and she died the following year. In 2000. Along with lots of other people. I stayed with my mother up until her death because I had to take care of her. I was going to my chemotherapy treatments, I was going to her chemotherapy treatments. My radiation, her radiation. And I didn't want anyone else to come. And my sister had passed. My sister, my only sister, 'cause I don't have any brothers, she died six months before my mother passed. So that was really a trying time. . . so it was quite a sad time for me.

Shirley's parents owned outright the building in which she grew up and where she lived until her mother died. She lost the family home when she was imprisoned.

> There were a lot of discrepancies once my mother died because what happened was, my sister died first, she was an only child when they bought the house, she would have been the executor of the building. So there was a lot of legal stuff involved in that. She had one son, so by law, a lawyer told me that we would have to share interest in the building. So whatever needed to be fixed or paid, like water bills or taxes, would be split. But my nephew did not want to do that even though he had a job. So, I wound up paying it and gave him a receipt and asked him for the money back. I very seldom got it ….So once I became incarcerated you know I couldn't pay anything. There was nothing that I could do.

Crystal grew up in the Ida B. Wells Chicago Housing Authority projects on the South Side. Her father left the family when she was small, but took the children to his family in Iowa every summer. Crystal's family history is fraught with conflict. Crystal, like Shirley, has worked all her life. Crystal finished high school and briefly attended college, but left when the school's faculty went on

strike and classes were cancelled for several weeks. After working at various jobs for a number of years, she returned to school for a BA and from 1995 to 1998 worked part-time for a variety of employers. In July, 1999, she took a full-time job with Commonwealth Edison, which lasted until 2006, when she was laid off. She purchased a townhouse with the help of her brother, and now unable to keep up with her mortgage, and embroiled in a dispute with her sister, she lost the house to foreclosure. Within months she was living in a shelter.

Rodney came from a working class family. His mother was a hairdresser, his father a steelworker and union organizer, who left the mills to participate in a successful family business. Rodney served in Vietnam after high school and returned to Chicago to pursue a successful career as an artist. He was able to support his wife and children on his earnings, but he was unable to work after becoming seriously depressed. His marriage ended soon after that, and he found himself on the streets.

Family networks, often the lifeline for middle class people who experience job loss or illness, were not strong enough to help people like Crystal, Shirley, and Rodney weather personal crises or survive the shrinking job market.   Some people who lose their homes have families and friends who are able to house them. For example, Carolyn was without a place to call her own, but she moved among the homes of her three daughters, and so never lived on the streets.   Some move in with daughters, sons, sisters, brothers, nieces, and aunts, only to have those arrangements fail after a while. Connie tried to stay with friends and relatives, but doing so meant her violent ex-husband was always able to find her.

> I left the place I was in because of an abusive husband. Ex-
> husband. And he was threatening me. And I had to leave.
> Whenever he knows where I am he shows up.

Connie lived with her son after losing her home, but the police were called to

intervene in an argument between them.

> I was staying with my son to keep me from staying off the street,
> but then we broke out into a big disagreement. And so, when the
> police came they asked me, they said I had to leave because it was
> his house, so they asked me where did I want to go to. I said,
> Gospel League. Because this list from the hospital, of shelters.

Crystal was invited to stay with her niece, but the house was crowded

with others similarly in need of a place to stay, so she preferred to go to a

shelter.

As these accounts show, for these individuals, doubling up with relatives

or friends is at best a temporary solution to most people's housing crisis. It

stirred latent animosities and exacerbated overt conflicts that further

marginalized and endangered older people who had lost their homes. These are

individuals who were forced to depend on others also in crisis. Homeless people

are, by definition, people with no other place to go.

Negotiating the streets

Most people we interviewed did not immediately connect with homeless

services, nor does it seem to have been their first choice to do so. We were

informed that many homeless men and women spend their days wandering the

streets when they first loose their homes, their nights spent trying to sleep in

trains, parks, and cars. But this practice proves dangerous, physically

exhausting and psychologically draining. After a few nights, people are worn

out from being up all night, as David put it, "trying to dodge the drug dealers

and dodge the cops." With a few dollars, some rent a space in a house, a

basement, or a garage, but doing so they become vulnerable to abuses.

> --Then if you're staying in their house, they get mad, they kick you out at three in the morning, and then where are you going? After you spent you're money up.
>
> Interviewer: Who kicks you out?
>
> --A lot of people do that and they tell you, you can stay, you might have had ten dollars or something, and spend that to stay there until the morning. Then they get mad, cause you don't got no more money or whatever, and they kick you out. I'm fitting for you to go and it's four o'clock in the morning, you got to walk the streets.
>
> Interviewer: So you're saying some people take money to let you sleep outside their house, is that it?
>
> --Yep. They find out you're getting a check, a lot of guys I know, gets a little money, so people invite them around, that's just to get the money.
>
> Interviewer: Do they let you in, in the house?
>
> --In the house, a basement, a garage, or whatever. But, after the money's gone, what you have? And that happens so much, that's why you can never be stable, money that you get, people taking it from you...

After fleeing to the streets to elude her violent ex-husband, Connie slept

in her car.

> I was parked on a street where there wasn't much traffic or anything. And I was sleeping in my car, windows was down, and I woke up and this guy was shaking me, you know, touching me and poking me. One guy. And I woke up and I was so frightened, because he was you know, I had fell asleep. Yeah! And I told a friend, I said, you know, I said I think I better get off the street, because this is getting a little, you know... And so she told me about, um, Deborah's Place. And, you know, 'cause she said it is dangerous, you know, to be out here.

Like most women we met, Connie worried that being outdoors at night left her

vulnerable to predatory men. Men also felt vulnerable to robbery and physical

attack. In focus groups both men and women who stayed outside told of getting

robbed, mugged, and "busted in the head."

For example, Henry described the dangers for homeless men who rode

the El at night.

> I rode the Blue line, back and forth to Forest Park and to O'Hare.
> People are gonna pick up a vibe, they gonna pick up that you are
> homeless, you got no place to go. They see you on the same el at
> the same time with a great big bag. This dude robbed me, and he
> had a three piece suit on.

A former CTA[13] worker in the group confirmed Henry's story.

> I worked at CTA, I used to drive the El[14] from Stony Island to
> Howard Street and I used to work the midnight shift. There's all
> kinds of people that ride the El. There was homeless people who
> ride the El, there's teenagers who hunted older people, elderly and
> homeless people and rob them, anybody would get robbed. It could
> be anybody, it could be a person with an eighty hour a week job,
> you know and they be robbing somebody.

Others agreed that being on the streets at night was dangerous.

> When you're forced to be out in the street three, four, five
> o'clock in the morning, you're vulnerable, period. I don't care if
> you look like Bruce Lee, somebody is going to test you,
> somebody out there going to try to take what you're going to do.

There are other issues other than safety as well. Existing on the street
with no refuge is exhausting.

> So you walk around the street all day, you go down, well, for one
> thing you learn the downtown area, because I know Grant Park or
> the zoo and you go to the library and try to stay awake with a book
> in your hand, because the security guard says you can't sleep in
> here. So you know, I mean, this has been my experience, other
> cats may have had something different. So, you're saying now I just
> don't, I got another year and a half before I have to deal with this
> again, being two years older than I am now, you know? [This man
> has two years in a temporary residence before he has to leave.]

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[13] The Chicago Transit Authority
[14] The rapid transit train system in Chicago

And, a less dramatic but troublesome problem of living on the streets is finding

a public toilet. Men in one focus group described some of their practices to the

interviewer.

> --I mean sometimes you just gotta go. When nature calls, nature
> calls. Yeah, you're in the alley, looking over your shoulder and here
> come the little cop on the bicycle. And then if you don't have your
> I.D. you riding with him. You know?

> -- You could catch me downtown on the street corner, peddling money,
> asking for nickels and dimes. I did this for over a year, right down there
> in front of the bank on Wabash. When it was time to go to the bathroom,
> I couldn't get up and walk, I've been in this wheelchair for three years, so
> anytime I needed to take one, sometimes I'd go behind the dumpster, if I
> see it clear or I stand up next to the car as if I'm looking at the car,

Besides its dangers and discomforts, street living is isolating, as it sets

homeless men and women apart from the daily life of the city and its people. In

one focus group Anthony, who for a time spent his nights on the El, initiated

the following discussion.

> Anthony: To me, the majority of people, when they see somebody
> homeless, they don't see 'em, that person is invisible. They just
> walk right on by.

> --Right, it's like a plague. They can look at me like a plague.

> --It's like leprosy. They see him standing over there just like he got
> leprosy and they just walk right on by.

> --They can hear your stomach growling and just turn their head.
> [group laughter]   It's three o'clock in the morning, I hadn't ate in
> two days, I ain't ate in two days, couldn't even find no food. You
> know I couldn't find a shelter without an ID. They wouldn't let me in
> without the proper ID. I had lost all that.

The World of Shelters

Participants in focus groups reported that newly homeless people

sometimes remember the name of a shelter they heard on television or that

often, social workers and service providers will help them find a place to stay. A

trusted source of information is a person, even a stranger, with experience.

> I talked to this one guy on the bus before, he's no longer
> homeless, but he has been homeless for, he was saying like
> 10 years he had been homeless. And he was telling me the
> best shelters to go to get immediate help. And he was
> saying that you should see some of those shelters, they are
> just, you know, just they should not be called shelters. He
> was saying the people that walk into these shelters they
> have like ticks and things jumping off of them. He was
> saying you don't want to stay in them. And that's the same
> thing this the man with storage across from me was saying,
> "I don't want to stay." He didn't want to stay in the shelter
> and for the most part he stayed outdoors.

In discussions about accessing shelters, older homeless individuals

whose appearance and/or demeanor were not stereotypically "homeless"

reported having a difficult time. For example, in one focus group an argument

erupted when wheelchair-bound Bill claimed he never had trouble getting a bed

for the night. Countering this was Joe, strong, fit, and looking far younger than

his 57 years. When in their focus group, he boasted about always finding a

bed, Joe bristled and addressed the men assembled around the table.

> Now, he said he was in a wheelchair for three years. I'm not trying
> to get on him, but a lot of places you can get in without too much
> hassle brother. A lot of places would look at you and pull that
> sympathy card out on you, Bill. I'm walking straight up and down,
> they think I can have a job. They ask, 'why are you homeless?'
> Some of those counselors look at you stupid and say, 'wait a
> minute Mr. Washington, will you tell me why are you homeless?'
> And begin to look at you in a way that I had never seen nobody look
> at me before. I lost a lot of self esteem out there. Why is you fifty
> some odd years without a job? How dare you come up in here and
> ask for some shelter!

Phyllis confronted a similar issue.

> I am a Caucasian female who isn't a drug dealer, a drug addict, an
> alcoholic, I've already said that. Now, in the shelters that I have
> been, okay, I have not just got the feeling, but I have heard, "you a
> white woman, what are you doing without a home?" Okay, so what
> does that mean, that because I'm white, I can't be homeless? See,

and I've run up a lot of crap like that. Because I've tried really hard, like you, to stay clean, to look relatively presentable. You know. And you know what, the things that we try to do to make ourselves feel better can sometimes be held against us. Because they look at you and they say, "Well you don't look like fucked up enough!"

Negative experiences with shelters. People had ambivalent and contrary reports about shelters. Here we focus on the negative reports to highlight two important issues (later in this report we describe shelters that do provide safety and protection, information about help and services, humane treatment, months or even years-long refuge, and sometimes, permanent housing).

Discomfort with shelter regimes. A number of the focus group people discussed issues around their discomfort with their experience in shelter. While some of this can be attribute to issues of the quality of the shelters, there are also traces of the transition shock of people who find themselves newly homeless. Some were not comfortable with the regime. Discussing one shelter that some focus group members said they would rather sleep on the El than stay at, one person stated:

> Cause some of these shelters you go in, you have to stand in line and sign up to get into the shelter. And then when you get in, you have to rush through the showers--you can't shower like you want. And then you got to, I love my god, my personal relationship, but then they beat you over the head with the Bible two, three times a night. In other words you have to hear the word before you can relax or whatever. And then but you've been walking the trail all day, say you been walking and taking care of business, trying to get this done, trying to get this done, you're tired, you want to sit down, you want to rest. You can't do that, you're in someone else's house, not in your own house.

Another issue that was raised was the poor physical conditions of shelters. Stories about shelters highlighted danger, discomfort. We heard reports that interviewees had slept on floors or on cots full of lice, bathed in dirty showers without soap, and had rats run across their feet at night. When the group conversation turned to shelters, Phyllis blurted out:

> I'm here to tell you they have no right to call them "shelters". They are not shelters. They are like a stable to house animals in. And if this is what our money as taxpayers and former taxpayers is going for, something really needs to be re-evaluated.

She compared sleeping in one shelter or another, one house or another, over the past year to existing in Dante's circles of hell.

Many of these discussions about shelters turned into discussions about the quality of staff. We heard reports of staff who were very punitive and unhelpful. Crystal said it was "like they want to keep you back. Instead of helping you forward. Like they're trying to pull you. To keep you from getting there." Some participants attributed this behavior to a lack experience and training and made suggestions for how this can be improved.

> They need more professional people, like for prayer time it was the staff. I feel like they can have an intern from one of the divinity schools or something, Moody, Loyola, something like that. . . And services and things. They shouldn't have a staff that have never been trained to the problems.

Others felt that "nasty" staff attitudes could be attributed to the shelter staffs' assumptions that those who come for the night have either substance abuse or mental health problems. But even if the stereotype were true, retorted Phyllis, it should not matter:

> They shouldn't be making any assumptions. We're there for help, regardless. For drugs, alcohol, abuse, spousal abuse, whatever our reasons are, we are not there to be judged or categorized or anything. We are there because we need help. Not to be made, I mean obviously if we have to go to a place like that our self-esteem is at an all-time low. You don't need to be treated like a piece of crap on top of it all and shuffled from one place to another.

Some focus group members suggested that the homeless population was changing from "addicts and the mentally ill" to formerly employed people who were homeless for more economic reasons, and that this is what was behind

some of the problems with stereotyping and access to shelters that they had

experienced.

> I think, in the past, the people who work in the shelters have seen more
> people, more homeless people, who fall into one of those categories
> (addicts and alcoholics). But they need to understand that, in the future,
> it will as I said earlier, they're not, they are too old to get a job to get
> hired by the good companies nowadays, and they're not old enough yet
> for Social Security, so you got that whole gray big section of people who
> are …I just went to an SS living meeting, this man was there, he was
> saying no way in his dreams did he ever think him and his wife would
> become homeless. But they became homeless. And it is because, they're
> too old to work, and they are not old enough for Social Security yet, and
> he found him and his wife out here without no place to stay. And you
> are going to have more of that.

Different "fit". A second theme that emerged is that many of these older

individuals felt that the shelters services were targeted in serving someone other

than who they were.

Some perceived that men or women without children were not always

welcome at shelters. For instance, Phyllis waited in the hospital for someone to

take her to a shelter, but no one came. Instead she had to look for places to

sleep on her own.

> And I said why, and she said because you are by yourself and you need
> to be with a family or have some children. And so I just, I never did try
> that anymore. And so I went from one shelter to the other and some
> shelters should not even be open because they're not safe.

<p align="center">*Finding Work, Finding Aid: The "In-Betweenies"*</p>

When homeless men and women who are over fifty need jobs or services,

their age and their homeless status work against them. When they seek the

help of public or private agencies with health, housing, or employment services,

they are often either ineligible because of their age or they are placed in

restrictive age-specific programs. People we interviewed regularly told stories

of being too old to qualify for jobs and too young to qualify for assistance. As a

result, Phyllis called poor jobless and homeless people between the ages of fifty and sixty-five the "in-betweenies."

Our interviewees reported that a long work history is not enough to help them gain stable employment. The homeless people we met work hard and have years-long work histories. They had been factory workers and service workers, truck drivers, plumbers, carpenters, electricians, security guards, elevator repairmen in city-owned public housing, printers, artists, clerks and receptionists in banks, telephone sales and retail sales workers.

The decline of mainstream jobs—full-time jobs with benefits—has hit this group hard. Some jobs no longer exist. Some jobs are too far away. Having skills or a good work history does not necessarily make finding work easier. These accounts show how some unemployed and homeless workers must extend their working day to its outer limits (and beyond) in order to take jobs. One employer told an electrician with over 23 years of experience that he was too old to be hired. Others told him that, or that he had too much experience, that he was "overqualified for a lot of jobs." The idea that workers are overqualified suggests that such workers are consigned to the lowest levels of work and remuneration regardless of their backgrounds or abilities. They are filling the ranks of the casual labor force. One man took and passed the test for postal workers, but was placed in Willow Springs, a suburb 29 miles to the west of Chicago, although he stated on his job application that he had no transportation. Two participants tried to make the long commute to Hopkins, Illinois, 80 miles from Chicago's South Side. Relying on public transportation was reported to be difficult. One man was up at 1:00 a.m. to make the trip to work. Another described three-hour long commutes each way. They might

have persisted in these commutes, but the pay-off—a full-time job—was very far in the future.

> You know, it's like I say, I was getting up actually three hours ahead of time in order to get to the [job] and I was trying to get out there everyday, you know. And you gotta be out there sometimes maybe six, seven, eight years before they even think about making you . . . full time.

Still others regularly waited two hours after work in the dark and cold for suburban buses to bring them back to the city, all this for part-time and temporary work.

When Carolyn had a car, she worked as a bank teller in Naperville, about 40 miles from home. When her car broke down for good, she started her long commute to work every morning at 4:45 in order to arrive by 8:30 a.m. at the Des Plaines bank where she was then employed. Her day ended at 8:00 or 8:30 p.m., when she returned home. According to Carolyn, many employers won't hire a person without transportation, because they believe "that if you're on public transportation then you won't get there on time. . .Like, a lot of times when I'm on the internet looking for jobs, and it will ask you do you drive. And it will say, if you don't drive, then don't bother to apply." Charles nodded his head in agreement.

The Job Market only Offers Casual Employment Often, Not an Option for Older Workers

Virtually everyone we met still "works" in one way or another today, some for pay, some for subsistence. Regardless of past work histories, they have been relegated to the lowest reaches of the labor force: casual, part-time, minimum-wage work selling newspapers on the streets at rush hour, cleaning construction sites, stocking shelves in big box stores, filing or answering phones in large offices.

Older jobless people have problems taking such jobs, where their bosses may be young and where teen workers settle for the lowest wages. An alderman once told Henry, his constituent, to get a job at McDonald's, but Henry didn't think that was so easy to do.

> And you know what else, when you're over fifty too, you can't go out to McDonald's and get a job. Half the, ninety percent of the jobs you're going to get, you're uninsurable when you walk in there. You know, you see what I'm saying, I'm 58. So, how many cats are going to hire a 58 year old brother? You see what I'm saying, when they have a guy in there who's seventeen, eighteen, whose ready to do it for popcorn.

According to many men we interviewed, employers got access to cheap but often skilled labor by showing up each morning at shelters to hire day laborers on construction and rehab projects. For example, Curtis, a skilled machine operator with years of experience could only find temporary and part-time work with these companies a few days a week. Pay for this work: $7.50 an hour.

> Because, normally we come here [day shelter] in the morning, because we can get some type of work. Couple of them needs help coming in here. Come in here, they take some of the guys out and we make a little change that way. Instead of just being on the street.

Such work provides unemployed and homeless workers with small amounts of cash ("a little change") that helps them to survive. In turn, employers get cheap but seasoned and often skilled labor power. As David remarked, "We have a lot of reputable companies that come here looking for people to work. The problem with that is they come here because they figure if we're homeless, we're vulnerable. Like they can give us anything that they want to give you. It's like we'll put right here and take it or leave it."

Temporary work is not a reliable source of income. One month a worker might earn enough money to rent a room and then find himself without the rent for the next. Carolyn, who has done clerical contract work, noted that "you never know how long you're gonna work...You could get a long term assignment that might last you two years or it might last you two months and you can't figure out what's gonna happen in the future with a job like that."

For some workers exclusionary union practices create obstacles to employment. For example, full-time work remains beyond reach for this former plumber who cannot become a union member.

> It's one day, maybe two days a week depending on how the job comes. But I still cannot get my foot in the door with the unions, to make it full time, you know so I can't depend on it. I mean it's good to be there, but it's not regular.

Becoming Casualized Workers: Health Problems, Age, Stereotypes, and Criminal Backgrounds

In interviews and focus groups, participants described a complex process that resulted in their becoming part of the casual workforce.

Health Problems. The state of a person's health was a critical factor discussed by the people we met. Thomas was working in a chicken processing plant in a Western state when he took a leave of absence to take care of his medical problems

> I'm a former cancer patient, and I had neglected doing my follow-ups, exams and things, so I had relocated and I moved back to Chicago and I had to get back in, start with my medical needs and I lost my job during that time period, because it took me longer to get my medical appointments and get anything I needed addressed.

John, now in his late 50s, was a truck driver for United Parcel Service. He has paid for his lifetime of driving and lifting heavy packages with the bad

back that is the signal injury of workers like him. His declining productivity on the job—his back slowed him down—led to his layoff. Without his salary, he soon lost his apartment. He has not been able to find a steady job since.

Sometimes an accident begins the downward trajectory into homelessness and casual work. Elaine was holding two jobs when she fell in the street and broke bones in her neck. The fall changed her life.

> I came from working two jobs, my own two bedroom apartment, I was supporting myself and helping out with the grandkids, but one fall changed my whole lifestyle. I went from having, getting paid from one job once every two weeks, then from my other job every day. I was a bartender at night, three days out of the week, to nothing, completely nothing. And it's so hard that I've worked practically from the age of twenty until I was 49, until I had this accident. . . Cause after this tragic accident, I lost everything, my clothes, just about everything I own. I was like living and eating food out in the streets. And at the time this happened, I was 50.

Thomas, John, and Elaine became ill and lost their jobs. Others lose jobs and then become ill or laid up, draining them of the savings that staved off homelessness before they were able to find other work. Frank was employed by Cook County for 17 years managing a fleet of trucks, but budget cutbacks eliminated his job. A year later, still unable to find steady work, he slipped on some ice and broke his hip in three places. Now he is too disabled to work steadily.

> I ran the garage. I repaired trucks and tires, if a truck had to be towed, I towed the truck. . .the money paperwork for this garage was done by me. How much gas was used in the truck, how much it cost to run the truck, that money and everything else. And then a year later I broke my hip and that put me down.

Walter lost the savings that were providing him with a break from laboring. Note that he blames himself for his bad fortune.

> I worked for the Chicago Housing Authority from 1995 - 2001 when they started to tear down. I repaired elevators, in the emergency elevator division, the second shift, and I came out to repair the elevators at night, getting people off the elevators or repairing the

elevators. In 2001, the Chicago Housing Authority decided to close down all their high rise buildings, and I was laid off. When I was laid off, I obtained some money, savings, and I received a stipend and pretty much had everything taken care of. But I sat around and I laid around and let it droop down. So, in 2001, I became very sick, what happened was that my appendix busted and I ended up being in the hospital for 4 to 5 days, so when I came out, it had sucked up all the money that I saved up and strictly, I became homeless at that time. (CCIL 6)

Health problems led to homelessness for a white collar worker, Sanjay, a British citizen who managed a retail store manager in downtown Chicago.

I had a good job downtown, on Chicago and Rush [as] the assistant manager there. So, I had a sort of infection on my ankle, foot and ankle and I used to do my own dressing and cleaning, thinking it would get better. . . . So, one day, you know, my boss told me, you better get it checked, because you are limping a little bit, and so he took me down to the doctor . . .and they immediately put me in a private hospital, they said it had been infected, so they needed to take out all the infection. But, luckily, it didn't reach the bone or anything, so I was just in time. So since September, October, November, I was down in the hospital.

Hospitalized for several months, Sanjay lost his apartment and his job, ending up at transitional shelter where we met him.

Advancing age casualizes workers. The testimony of the job-seekers we interviewed suggests that employers and agency staff—and some prospective workers as well—believe that people over fifty have lost their edge as workers. And in fact, hard living, poor health care, and the stresses of poverty and racism do take their toll. Sharon's view was echoed by others:

They're going to hire the young person first, because, they going to look at, they're going to try and look down the road to see, well, hmm, she's 57, she has health problems, you know, she got high blood pressure, she'll be going to the doctor. So, you know what I'm saying? And, she's been on drugs, the longevity of African-American women, so you know, I'd say seventy. So, I got some [jobs] cut off, because I've been out there abusing drugs, not taking care of myself and they know that.

Not everyone believed that older workers were second class. Michelle thought that even though employers may "want a younger person," an older worker was more likely to "stay at that job, and come to work every day on time." That was the reasoning one employer used to hire two men we met who worked as security guards. The employer, himself an "older guy," believed that older workers were "more responsible."

> Yeah, my job, because of my age, I think that's the reason that
> they really hired me, because you know, with my background
> [criminal record], I was not supposed to be doing guard duty. . . .
> But, the guy that I work for, he let me do it anyway, because he
> felt that I was older and more responsible. I mean for me,
> working for this company is good, because he's an older guy too.

This small business owner relied on his own judgment about the men he hired. The more standardized systems of hiring in place at larger companies, eliminated homeless job-seekers on the basis of their age, brushes with the law, or present domicile at shelters.

Few applicants reported being able to meet face to face with potential employers because banks, big box stores such as Walgreens, Wal-Mart, Target, and Home Depot, and supermarkets such as Jewel will not hire walk-ins, but demand applications be made via the internet. There are benefits and drawbacks to this system. Internet searches allow people to cover a wider territory in their quest for work. But such searches also require computer skills and access to computers that older workers do not readily possess. Although computers in public libraries are available, they are in great demand. Another possible drawback to this system is that, from employers' point of view, it may make sense to use arbitrary age boundaries to eliminate workers sight unseen. Many of the men and women we met looked fit. And if they were ill or disabled, there were still many kinds of jobs they were capable of doing.

Good workers or not, many job-seekers find that their age is a barrier to employment. Anthony, 53, has been "trying to get back into mainstream employment" (i.e., full time work with benefits), but his age has held him back.

> I'm not looking for an old man's job, *per se.* I'm just looking for gainful employment where I can make a decent living and it's difficult, because a lot of people are scared of your age and they may have concerns about your physical ability. I did all types of jobs, you know, in my past. But I've never had a problem, but when you get to a certain age, you start to have, employers start to have doubts and questions about you. They don't actually come out and tell you, but a lot of times you can't get into training programs, like they don't want to spend the money on an old person.

Several interviewees explained that employers don't hire people over 50 because they aren't likely to work long enough to justify the time and money employers must spend to train them. According to Rodney, they might ask, "'Oh yeah, what kind of guarantee am I going to have that you're going to stay long enough in this position where I'm going to get my investment back?' Matter of fact that's one of the questions in the interview. Its like, 'how long do you think that you're going to be here?' Basically that's the question." He added,

> I spend a lot of time researching jobs. I apply for jobs online on the computer. I spend a lot of time doing job searches, you know, putting in applications. (How long have you been doing them?) For the past four months, ever since I got laid off from the post office. You know a lot of times, being as I am 55 now, a lot of companies that have positions that I'm qualified for don't want to take an older person on. . . You know, most of the time you know you scare 'em off with your age.

Some informants thought that industry regulations and practices created barriers to their employment. For example, James reasoned that employers had to pay higher liability insurance premiums for older employees, which explained why workers like himself "always get flipped to the bottom of the pile."

Stereotyping Homeless People

Homeless job-seekers over 50 believe they confront an additional barrier besides age when they use the phone numbers and addresses of homeless shelters as contact information. All eight participants in a focus group comprised of people with extensive job histories agreed with David when he remarked,

> You know a lot of jobs won't hire you period. Especially if they ask you do you have a phone, a phone to contact you, which if you're homeless you don't have contact or an address. Once they find out that you are homeless, they won't even take the time of day with you. And if you've filled out the application, nine times out of ten they're gonna throw it into the garbage anyway soon as you walk out the door. Simply you know because I've put this [shelter] address on applications and phone numbers and got no results.

Employers' hesitation about hiring workers who come to them through homeless shelters may in part be due to widespread stereotypes about homeless people as drug addicts, alcoholics, criminals, and mental cases. In fact many of our informants held these same beliefs before finding themselves on the streets. For example, all the participants in Carolyn's focus group agreed with her when she said

> You know a lot of people have the wrong conception about homeless people. First thing they think is that you're out there, you're on drugs, you're an alcoholic. They seem to sum you up. No one knows why a lot of us are out there or why some of us are homeless. My situation is jobs that just folded up. I've just had been fortunate to have my family behind me where some of these guys don't . . .Before I would go out there and see these fellas sitting on the street and I wouldn't think that one of them was homeless. You know, you don't have to look homeless, to be homeless. [Homeless people sometimes] look skid row. [Many of us] "have credentials, can work a job . . .but don't have the opportunity."

Participants insisted that persons without addictions and other blots on their record "have a hard time finding a program that will accept them

because they do not fit the traditional stereotype of a homeless person.

Phyllis spoke with anger about being given the "run-around" when looking

for help.

> I have been homeless for technically a year and a half. And each door that I've opened, I feel like I've been given the, for lack of a better wording/verbiage, the run-around. Okay. The run-around. Go here, go here, go here, go here. Only to find out you don't qualify for this because that or this because of that. And you either must be a drug addict, a former drug addict, you know, someone who just got out of the prison system, and it makes me furious.

If You Have a Background, You're out of Luck

Occasionally, through luck or connection, some people find jobs

that help them to leave the streets and the shelters. People in focus

groups reported that since 9/11, people with criminal convictions, some

decades old, are automatically refused employment. They experience that

having a record makes it almost impossible to get a job.

> --The problem I have is that I got my nursing license before these laws became laws and to hold these laws against me is saying that I can't work, what I do, I just can't understand. Well, they have, there's a law that says that I can't work in a nursing home [or] any facility that receives reimbursement from Medicaid and Medicare, because of my background, which is ludicrous. I mean, I've done that job for twenty some odd years, and now because a law that says I can't do it. They got legislation to stop us from getting jobs, because of our backgrounds. Why isn't there any legislation to tear that law down? Because, for me, it's unconstitutional.
>
> --It's discrimination really.
>
> --And it's discriminatory, because 80 – 95 percent of the people with backgrounds are Afro-American. You know, and like him, he's been driving trucks most of his life, me, I've been doing nursing most of my life, then you come up with a law that says I can't work because I did something thirty years ago.
>
> Interviewer--Right, I agree with you.
>
> --I can't understand how that law even got passed.
>
> Interviewer--Yeah.

> --You know, um, you can have a background that's 40 or 50 years old, and they say you can't work. Yeah, and I thought this country says that once you do your time, then you know, you're free, but they still, I mean, it's like I'm still going to court from 1975...See when they do a background check, I learned, it's a background check for the intent not to hire. They looking for some reason not to hire you. Right, that's basically what the background is. Having a background combined with being over 50.

Many older men and women with records admit to their youthful "bad choices" and claim they are no longer as reckless as they once were. Leonard, now in his mid-fifties, states their case.

> --Well, I ain't like, you know, I'm older now and wiser. I ain't like I used to be. I used to be a troublemaker, a gang banger and you know and, all that stuff I thought was cool and really I was just acting a fool. You know I ain't the same person I used to be. I'm trying to, you know what I'm saying, go the straight line now.
>
> Interviewer: Right, yeah. We all made mistakes.
>
> --Tired of being sick and tired.

It is not hard to believe Leonard and others who are paying the price for youthful transgressions (and, we should note, several men and women claimed they were innocent of these crimes). In fact, statistics show violent crime to be largely an activity of young people.

Sometimes people feel they have no alternative than to commit a crime. For example, Phyllis hurt no one when she stole some food to eat. But she spent a night in jail for shoplifting and believes the record of her crime will keep her out of subsidized housing.

> --I have gone and filled out applications at three low income buildings, but probably won't go in, because you see, I was starting when I was living with my brother and didn't have money for food. And went to Jewel and got caught stealing fish sticks, so I spent the night in jail. [crying] So I now have a police record. And, uh, I'm sure there's others out there that have gone that route that have gone hungry and not know where to go, 'cause I sure as hell didn't know. So I got caught stealing fish sticks and had to spend the night in jail.

Racism compounds the problem for some.

--By making a mistake, and as an African-American, it makes it, this society punishes you for the mistake that you made and uh, it just seems to me that, um, it's a perpetuation of a society that's poverty stricken, homelessness and there's not enough money being applied to areas that would improve your condition.

Interviewer: Such as?

--Living wage jobs, the cost of living is disproportionate to the jobs that are available for people for people who have made a mistake who are trying to get back to a certain level.

Interviewer: What do you think are the bad choices?

--First of all, illicit drug use in my life, okay, alcohol and drug use, the criminal background, which punishes you the rest of your life period and positions offered for someone trying to get back, without an education or any representation from any institutions, you know, to show yourself, to prove that you're trying to get back into society, seem to be just, nonexistent

With the help of the Chicago Christian Industrial League, Robert was

trying to expunge his record so that his part-time job could become full-time.

--I had to go through a lot of changes to prove to the state, I guess, that I have been rehabilitated and that I can be trusted by the public.

Interviewer: How do you do that?

--Well, I had to go out, I had to go to the Daley Center, cause they had some things on my record that really shouldn't have been there, because they don't exist. And so, I had to go down to the Daley Center so I could get copies showing that those cases was dismissed that they don't exist anymore. I had a hearing, I had to go to the hearing and prove to them, I had to have a conversation with these people and prove to them that I had been rehabilitated, okay. The way I did that was I took a letter from the job that I work on, and a couple letters from here at CCIL.

Shirley, who has participated in the many programs offered to ex-

offenders, who volunteers to help others, who speaks to classes about

incarcerated mothers, and who leads an exemplary life, cannot overcome her

conviction.

A lot of people don't even want to take applications from me. They find out that you've been incarcerated, even though I've only been incarcerated once. Then I have a violent crime. So that makes all the difference. Now if I'd have gone in there for drugs, I wouldn't have a problem, they don't really look at that, they know anyone can recover, if they really want to. And considering the fact that I had stayed at Grace House and the programs I completed there, and you know they do drops and I'm still on parole, they a lot of times do not want to give people a second chance, but what they don't understand is, we still have families, we still need to have a life, and if you don't give us an opportunity to make money like every other normal person, what do they expect you to do? People can't give you handouts all your life, and who wants to accept it?

The Stresses of Homelessness Impact Health

Being without a place in the world is terrifying. Listen to Phyllis's description.

And believe me, you know, going through this kind of stuff, wondering, you know, where your next meal is going to come from, who do you have to mooch off of next, who's going to give you bus passes, you know, where are you going to go. You don't want to ask your friends because you're just, you know, ashamed You know, . . . because, you know, it's a constant state of frustration and fear, wondering where the meal is coming from, where are you going to put your head.

The terror has an impact on people's mental or psychological health. Phyllis, already depressed and struggling after her husband's accidental death from drowning moved in with her brother after months of living in shelters. When her brother forced her out of his apartment, she collapsed mentally.

Well that did not work out, and things just very, very, very bad, and during the course of staying of him, which was from January until, I don't know, probably July, I had done the shelter shuffle [and] ended up back with my brother because I couldn't take it anymore. The last time, I was being put out of his place, because he lived there, I didn't. It was a whole big scene that I don't care to get into. I still had my vehicle at that time. That was the last thing to go. And I remember his landlord coming up to his apartment and saying you have two hours to get your cats and yourself and your belongings out of here. I have no money. Nothing. Well, I drove

> my car with the intention of driving it straight into Lake Michigan. And I was going to do that. And [I] stopped myself. Went into the ER because I was having really bad chest pain, which in retrospect I know that it was all anxiety and stress and blah, blah, blah. But, I mean, they immediately recognized that I was having some type of nervous breakdown. So, they kept me there overnight—no insurance, no money, no public aid, no link card, no nothing, just me. And in the morning they took me to Reed, which was a whole entirely different experience because I didn't fit there either.

Even when people have access to safe, high quality living arrangements, such as those provided by a number of the agencies we conducted focus groups at, their days remain laced with anxiety if these arrangements are temporary.

> Being over fifty too, you know, you have to understand, there's no sense of security and I'm not talking breaking and entering, I'm talking about man, I got a two year time limit, if I don't get a job, if I don't get a this or if I don't toe the line, do whatever it is they want me to be doing, and washing the windows and you know, driving Miss Daisy, then I'm homeless again. You know, in two years that means I'm 60. I'm still below the 65 to get anything.

Another factor in homeless people's precarious health status is frustration, anger, and general stress of being deprived of decent care and services. Regularly, poor and homeless people are shunted to the back of the line and forced to wait long hours by providers, themselves suffering stresses brought on by overwork and understaffing. Thomas spoke with passion about being pushed around, as his audience laughed appreciatively.

> The number one thing that is stress which is affiliated with everything he just mentioned, 'cause you're trying to be calm about it, you're trying to be patient, but yet, still you got these individuals that's pushing you. You need to move here, you need to move here, you're in the wrong area. But you told me to come here. That's not the point what I told you, you need to be right here. We're trying to follow instructions, we're trying. We know you're [inaudible], we know that they're understaffed, we know that the majority of individuals there are truly trying to do their job to help and yet still you have those ones that, like in most places they have situations at home that they bring to their job. My man pissed me off, look at him, I don't feel like looking at your face, why don't you stand over there? Next. You know.[group laughter] then when you get aggravated. We're here to help you, why are you getting angry? [more laughter] You need to be a little bit more patient. This is the sixth day for the problem that I've

been waiting on for the last five days. I understand that sir, but here let me explain to you, you have five people in front of you. That person just stepped up here, just walked in the door. You're not listening. [more laughter]

Another stressor reported is the irregular and unhealthy diet of people dependent on missions and shelters for their meals and their limited opportunities for healthy exercise. Connie complained that people under 65 were shut out of programs that could stave off physical decline.

> I would like to see that 50-64 group talked to for some programs, such as like, the mayor has a program for seniors, like you can work out and stuff. And I used to sneak in those centers. But, you know, I'm not *old* old, but I would like to continue to be physically fit. (you bet) And so, uh, you know, to uh, prevent a lot of sickness and disease. But most of those programs are for 65 and over. Help me to stay strong while I am moving in that direction.

Connie described these programs and suggested a remedy:

> You can swim, you can have arts and crafts. Some of them are situated in the library, you know, and they just all over the city. But like I said, I used to try and sneak in there, you know, but, they just don't have anything for this group, 50-65. They don't have anything. And we can go downhill before we get to 65. But target some money for this group so we can stay healthy, we can eat healthy, and you know, we can still live and go into 65 without needing as much money from the government as we would normally need. Because I would take care of myself if I had access to these free programs.

People taking regular medication raised a related point. Many of the drugs they take depend on the ill person maintaining a regular diet of three meals a day. Lamont, in a wheelchair since being hit by a car more than a decade ago, spoke about the problem of erratic eating patterns when on medication.

> The biggest problem is going to a hospital for whatever ailment, getting medication, and that doctor gives you medication like you, when you're over 50, it's a difference, like you're eating three meals a day. . . .you're supposed to have three meals a day. Now, you're over 50, you don't have three meals a day. Now you're out there, you're trying to take medication if you get one meal a day. And

then . . . hypertension starts kicking in, diabetes, that's our biggest threat. That's mine. That's the biggest problem when you're over 50. Thirty year old man, you know, he could get over it once he gets on his feet and gets a job. Over 50, getting medication like you're eating three meals a day, so it's dietary . . .and the medication that you take once you get over 50, will all rush you into diabetes. . . . I'm not even talking about psych medication. That makes it even worse.

Darryl's troubles illustrated Lamont's point. Thomas lost his leg in a work-related accident in 1975 and in recent years has been plagued by seizures. On the streets, he wasn't able to lead the structured life that would have assured the best treatment for his health problems.

I also have seizures too, but I wasn't following up on my medication, I was out there homeless. Didn't have nowhere to be and you know, I was just getting sicker and sicker, you know? And seizures was like coming back to back, you know. I was using drugs and that didn't [help] either. I wasn't taking my medicine and I didn't follow up on my doctor appointment and when I had the medicine with me from living here and there and yonder, I didn't keep up.

When Homeless Men and Women Get Sick

People who use the few free clinics and public hospitals remaining in the city, know that they will wait long hours before they get attention. Curtis described his long waits.

I went to Stroger[15] at five o'clock in the morning and didn't get seen to nine thirty at night. Sometimes [I wait until] the next morning. You know that's sixteen and a half hours, waiting. Or as Mr. Robinson said, I went there, waited sixteen and a half hours, then they give you a little referral talking about, well, we can't see you right now, be back first thing in the morning, so I'm looking at another five hour wait when I come there in the morning, even with my so-called front of the line pass. And don't need a prescription. [group laughter] That's a two day journey. . . It takes a week to get prescriptions.

Thomas played the role of a health care worker to the focus group audience, urging patience and drawing knowing laughter from the men.

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[15] The Cook County public hospital

Then you got individuals, look, I'm on break right now. I'll see you after lunch. Wait right here. I'll be with you, just a moment. Two and a half hours later. I haven't forgot about you, I'll be with you in five more minutes. Three more hours went by. You're a little upset. You haven't seen me. Look I'm going to be right with you, I have your paperwork right, oh, no, that's not you, is it? Oh, this is Johnson. [laughter from group] Oh, we'll be right with you.

Some interviewees believed that their status—homeless and uninsured—

was responsible for the long waits at clinics and hospitals. Carolyn responded

to my question about the relationship between homelessness and health care in

the affirmative.

Yes, because then they're prejudicial to you. It has a prejudicial statement to it, oh, you're homeless, that means you're really not trying to do anything for yourself in the first place, what do you expect us to do? [Did somebody actually say that to you?] They said that and their attitude portrays that, oh, you're homeless, then why are you here? I know that's a fact. You homeless, you don't have insurance, we can't get any money off of you, so therefore, you're over here. um-hum. You're in the long line.

In another focus group, Walter said he believed he was last in line for

health care because of his homelessness.

Cause like I said, once they find out that you're homeless, you could be somewhere hurtin', with tears in your eyes and they'll sit there and let you sit there until they feel like waiting on you. You know simply because the fact that you're homeless. [Has this happened to you?] Quite naturally, quite a few times. [Tell me about one of those times.] I've sat up in Provident where there was no more than two or three people waiting in the emergency room when I walked in there and sit there until the next day.

Virginia agreed. She said,

I've done that at Provident and they don't even know, I didn't say anything about being homeless, because like I said I've never been out there, out there, but I have sat at Provident Hospital from 10:00 in the morning until 4:00 the next morning and had not been waited on and didn't, wasn't going to be waited on anytime soon. They were coming out every 45 minutes taking our blood pressure and our temperatures , because we had been there for so long and I guess they didn't want to say, okay they might pass out. [laughter]

Despite these very serious drawbacks to accessing good low-cost or free health care, many of our informants praised the health care they received. In one focus group participants regularly used several local clinics staffed by doctors and nurses and located in shelters and soup kitchens. Below are the comments of three participants in the group.

> --They have doctors coming in here mostly on Fridays. Because the doctor normally comes here on Friday and see I have arthritis too in my back, I have chronic arthritis. So normally when they come, they just give me pain pills and that will keep me from driving back and forth to the V.A.

> --Well, sometimes I go to a soup kitchen. There's a soup kitchen on Greenwood, on Fridays and Tuesdays there's a clinic they have on Fridays, and Dr. Stewart is there and there's nurses there from Rush. And then on Tuesday, there's another clinic. Basically, I have arthritis and I try to keep that under check. But that's the main problem I have.

> --I go to the County clinic right here on 35th and Michigan. It's a county clinic and it's a very good clinic too. I make appointments. Like I said, I go once a week and if I need to see my doctor all I need to do is call him and say, I got such and such a problem, and he'll fit me in.

In some emergencies, the county provided excellent care for uninsured patients. James related the following story.

> I have been to Provident[16] and I guess thank god I was fortunate, a friend of mine that I met here at the center, his name is Roy Powell, I was very sick, I had pneumonia, I had what they call walking pneumonia and didn't realize it. . . He took me down there and they took my temperature, this was Christmas Eve and three hours later I was on the bed. I stayed there for three days and then after that I was referred to the center here which was a satellite for Provident, see they work together. Some of the doctors there they work here so they have a good relationship. I was fortunate to get in Provident and get treated, I'm grateful for that. I know a lot of people have sit there hours and hours. Me, I was fortunate.

---

[16] Another Cook county public hospital

Shelters and transitional housing locations are the main conduits for regular health care and necessary medication. Residents of one transitional shelter were grateful for the links to medical services.

> Interviewer: How do you get medication when you don't have money?
>
> --If you're not in a place like this, you don't get it unless you're a veteran. Not unless you go to county, like other, like, when I had this accident, that happened to me, there was a lot of medications I couldn't afford, I couldn't even afford to see a doctor. I went to the county, Stroger hospital.
>
> --They took very good care of me, excellent care.

Lamont was happy to have found a transitional program that focus on providing nursing care for those recently released from the hospital, where he was able to "get back on [my] feet and get [my] medication stabilized, so [I] can take them three times a day like the bottle says and the formula says when they make the medication."

Another source of medical attention and drugs is the Veterans Administration. Veterans were generally satisfied with veteran's benefits. As Thomas said, "I don't have to worry about health issues, because I got, I'm a veteran. And I can go to the veteran's hospital. I have full benefits." But Vietnam veterans claimed that they could not get official recognition for PTSD and Agent Orange exposure. Furthermore, some services were substandard. Instead of filling teeth, VA dentists pull them. Some men pointed out that among other things, people with no teeth (or shabby clothes) aren't likely to be hired by employers.

Disability Insurance (SSI)

The people we met in this project have led hard lives, and their bodies show the scars. Heart trouble, diabetes, old work injuries, arthritis, high blood

pressure, and back pain add up at their stage of life. Many of our informants

are plagued by high blood pressure. Additionally, many people suffer from

diabetes and arthritis, serious and increasingly debilitating health problems

that go untreated until they reach critical stages, as happens when people lack

health insurance. Additionally, people are worn out after a lifetime of working

hard in jobs at the bottom of the labor force, without sick days or vacation days

that could restore and heal a body. Nevertheless, participants reported that

despite significant health problems among this population, local Social Security

administrators regularly deny applicants for disability insurance from the

Federal Government (SSI), saying they are still capable of full-time work.

Despite multiple illnesses, both Illinois Department of Health and SSI

workers rejected Carolyn's requests for help.

> --And I have arthritis, I have high blood pressure, I'm a diabetic, I have to go the doctor once a week to give them my blood. I'm on Coumadin, blood thinner, and I can't get a medical card. I can't get a medical card, I've applied for disability, I can't get that.

> Inteviewer: How sick do you have to be?

> Henry: Almost dead. [laughter]

> --I can't get a medical card, and I have high blood pressure, diabetic, arthritis in both of my knees, and my back...

Elaine's application for SSI was denied. Elaine is the woman who fell in

the street and later discovered she had broken bones in her neck.

> They said I could still work. But, yet, still I couldn't move my right hand and I was dragging my right foot. I couldn't even pick it up. I couldn't even wash my own self up, I couldn't even wash my hair. ...But, now I found out that the damage was so bad, when they did an MRI on me, they found out that my neck was broke and they did an MRI, in other words they did immediate emergency surgery. They went in through the front of my neck, cause when I fell, it broke the bone, this bone right here, in two, punching a hole in the muscle in the neck and the circular, this, three of them fell out the back of my spine, making everything on my right side shut down.

And literally, my right arm and my right leg was smaller than my left side…I had to get a lawyer. Because, now for me, depending so much on my left side to get me around, until my right side was able to move my finger, because I had no feeling, my right shoulder is dead. I can't walk two blocks by myself. And from this operation, the side effect is, do you hear my voice? I've developed bronchial [inaudible], I can't walk two or three blocks, especially in [hot] weather like now. I'm on two different type of inhalers now and I can't sleep without the fan or window open, it's like I'm suffocating. . . Oh, [sarcastically] but I can work. Oh, [they tell me] 'you can walk.'

Darryl, who lost his leg in a work-related accident in 1975 and is plagued by seizures gives a second example.

I draw and stuff, so I started making a little money and I start drawing and from there I found myself a job, but I wasn't taking my medication. That's when I had the major seizure and I fell off the scaffolding. Lost my leg, from then I've been struggling for a like a year and a half now, going back and forth. See, I got a prosthetic leg, so Social Security said my age, my education, something else, they said disqualified me for Social Security. Even though I got, I have seizures, I have a prosthetic leg since '75.

Interviewer: And you can't get SSI?

--No, I ain't hurt bad enough.

Denial by SSI workers is not the final word. Some applicants get legal help, which greatly enhances their cases. Focus Group participants reported that Legal Assistance stands ready to provide such help. They felt that while word is getting around, it still needs wider distribution.

Interviewer: How did you, again for those of you who are going through it with a lawyer, how did you learn, how did you make the decision to do it with a lawyer?

--Because when you talk with other people they say that with a lawyer, most of the time they win a case with Social Security. You have to have a lawyer, other than that, Social Security is just going to keep throwing you out the door.

If gatekeepers find many with physical disabilities capable of full-time work and thus ineligible for SSI, some informants believe that a psychological

problem such as depression or "hearing voices" is a fast track to getting

support. Sol was denied a medical card (Medicaid) "because they said I'm not

hurt bad enough," but deemed eligible for SSI based on depression and hearing

voices. In this account he claims that a doctor prompted him to admit to these

problems.

> Most of the ones that getting some SSI, they quote and quote
> "psychological." So, they want to put me on some drugs, so I say
> okay, everyone else is getting money, I'll try that. I went through
> that, I had to get off them drugs, I couldn't even walk, I couldn't
> even draw anymore. The doctor said yes, give him this and that,
> and I said no. You know, I went with it at first, but functioning
> that I did have, went to disappearing on me. . . .They say, well,
> depression. They say, well, do you hear something? They told
> me I was hearing something in order for me to take the
> medication. That I was hearing something, they [inaudible] back
> to you and they say, are you hearing something like this, and so
> I say yeah, but once I started taking those drugs, I was about to
> hear something, because I couldn't even draw no more.

Charles worried about his inability to get medical treatment for smaller

ailments that he feared would grow into major health problems. This worry is a

reasonable concern, backed up by studies showing the high cost of relying on

emergency room treatment when neglected illnesses balloon into serious ones.

Charles commented, "Once they cut back on the medical and the medical card

(Medicaid) quits doing certain things, man, these people with the high blood

pressure and things like that. The list seems like it's small, but the little bitty

stuff accumulates and it won't do anything."

In the last analysis, medical care is available but scarce, is often high

quality, but requires large investments of time and energy to access, and may

be too little and too late to stave off the damage to people without private

insurance. But doesn't this system waste valuable time and money? Doesn't it

disfranchise all those who aren't in the know about using lawyers? Doesn't it

put unnecessary pressure on legal aide services? Doesn't it create bigger crises of care and cost taxpayers and sick people more in the end?

<div align="center">*Mind, Body, and Spirit*</div>

This section focuses on what participants learned from the programs and services offered them as they tried to get back on their feet. The focus here is on what interviewees have learned from their homeless experiences. Here we present a collective portrait and analytic summary of their judgments.

The men and women who participated in programs that provide comprehensive services praised them for providing "structure," "a whole program," and "stability."   The meanings in use of these terms suggest how such programs mediate personal changes and collective transformations among the informants.

Despite the reports we heard of underfunded and restrictive programs that only partially meet homeless people's pressing needs for housing, employment, and health care, many public and private programs offer homeless people a range of benefits and assistance. Beyond their stated purposes—training for employment, offering health care, ending addiction, providing temporary or permanent housing—and beyond their success and failure rates, the very existence of space within which homeless men and women come together to talk about their troubles creates an opportunity for personal, social, and political change. Since entering the highly organized world of shelters, twelve-step programs, therapy groups, workshops, and the like, many of the men and women we met have developed new perspectives on themselves, their communities, and the worlds in which they exist.

One of the focus group participants described the wide range of
material support, educational opportunities, and chances for personal
and social growth extended women in her program who are recently
released from the penitentiary as "anything you can imagine."

> --[This] is the only place to my knowledge that you don't have to
> pay, that you stay, they trying to help you get your stuff together,
> they don't let you work for sixty days and they have a whole
> program. A structured program with all different types. With
> professors from Northwestern, UIC and god knows from where
> else.
>
> --Massages, they have everything here.
>
> --They taught a creative writing class, they taught an entrepreneur class,
> poetry. . .
>
> --They used to have computer classes when I was here.
>
> --Referrals.
>
> --Connections.
>
> --Here we have everything, you know, in our house. So, they have a
> psychiatrist here that works here, they have a therapist here that
> takes psychological tests and if there's anything else you need, you
> go outside for that. Anything that you can imagine is addressed
> here. (emphasis added)

The five women in the female ex-offender focus group quoted here were
elaborating on what "anything you can imagine" includes. It includes imagining
help for themselves that isn't dependent on what they can pay in time or money
(you don't have to pay, you don't have to work). Later in our meeting they
contrasted such entitlements with an example of certain transitional housing
placements which force them to get jobs quickly to pay demanding landlords.

> But, a lot of these places as soon as you get there and see your
> parole officer, if you have parole, they send you straight to the day
> labor place, so that you can start paying them rent.

They imagine a smorgasbord of opportunities to learn about everything
from poetry and creative writing to computers and entrepreneurship. No longer

are they tied to practical, functional training that shows an immediate payoff,

such as the day labor jobs women like themselves must find immediately.

Anything imaginable includes opportunities to delve into their own psyches and

motives (self-awareness) and to have pleasure for its own sake (massages). As

one member of the group said, "[This] is about the only place that I know of that

send you to work on your mind, your body and your spirit."

Structure

"Anything that you can imagine" is one key to potentials being nurtured

in programs such as the one mentioned above that promote alternative self-

concepts, dialogue among equals, the right to be heard and the ability to listen.

"Structure" was participants' shorthand for the situations that made these

changes possible.

These new abilities emerged in group and individual meetings that

peppered the daily life of many interviewees. People come together to discuss a

range of issues and problems.

> Our sessions, we have sessions at 10, at 11, sometimes we haves
> sessions at 1, sometimes at 3, sometimes at 4 and that's daily.
> You're not going to go through a day without having a session. And
> a session could be on the AIDS crisis, or it could be on bone
> structure and what bones are connected to what bones, how to
> keep the pain down and how do you take Ibuprofen and how to
> take Tylenol and stuff like that.

In these many groups participants learn skills, talk with one another, get

psychological counseling, connect with programs, are encouraged to talk about

their feelings, search for jobs and housing, and learn how to write resumes and

manage money. Many say that the knowledge and skills they acquire in these

daily sessions are resources that will enable them to exercise control over their

days and the course of their lives. In practice, this profusion of meetings brings

participants into restorative personal and social activity and "prepares" a person for the rest of her his life.

> Right and then if you go to a intensive drug treatment program which is outpatient and then you go to an employment preparation training program, then after you complete that, there's a place, that you can go to and they'll help you, they have housing there, they do. You can use the computer all day, you can make phone calls. *They prepare you* for the workforce. And *you can do that for the rest of your life* when you leave and move on from Grace House. (another participant: Yeah). And they give you bus cards and other passes.

The meetings, as one woman said, "get you ready for society" by teaching about ways of life beyond participants' own limited experiences.

> This [daily program] was not our normal lifestyle for us that abused drugs and was homeless. We had no sense, when we saw the cars going at eight o'clock in the morning to be there at nine, where are they going? Exactly where are these people going? You know we didn't know anything about the work force.

To people whose lives had careened out of control, leaving them jobless, homeless, and often without family and friends, structure meant rootedness in the everyday world, stability. To the men in the focus group at Interfaith, structure had a religious quality: "stability, that's our temple, that's where we get our foundation." In their telling, it is the work of learning about one's claims and entitlements to the resources and supports that are the basis of a good life.

Offering Material Help

These important developments rest on the foundation of material assistance offered to people at the end of their rope. Time and again interviewees noted with gratitude the help they received: a place to sleep and clothes to wear; free meals; eyeglasses and hearing aids; prostheses, walkers, and wheel chairs; drivers' licenses and state identity cards, bus fare; social

security or public aid; helping people to keep appointments with parole officers, to get medical care from doctors at the Veterans Administration, to qualify for Medicaid, and eventually to find permanent housing; helping to get their high school diplomas and connecting them with education and jobs programs. For people so completely without resources or networks, case managers and other mentors in the best of these programs, as one woman said, "help you, after you have fallen through the safety net." She continued, "All I'm going to be doing basically is going from one program to the other program until I can get on my feet."

Becoming Active in One's Own Life

In a focus group at Heartland, one man lamented the course his life had taken.

> --I wasted my life, I wasted, I couldn't live my life like other people did.
>
> Interviewer: What makes you say it was wasted?
>
> --It was wasted, because I wasted my time, believing that something was supposed to happen for me to have a good life. And it didn't happen, it disappointed me, it disappointed me, it wasn't so, it didn't.
>
> Interviewer: What were you expecting?
>
> --A good life in this world and all my years, my days until I got old, and then a good life. A good life, I couldn't live, it's personal. So, I'm going to keep it quiet.

In a different focus group, a woman echoed these sentiments.

> --I was taking the coward way out, I was tried suicide. I didn't do drugs, cause I felt worthless and I still do. I could tell you, no lie, this is the truth, here I've worked with my hands practically all my life and look at me now. Why did this happen to me? I have no place, oh, I can't say that now, 'cause this is my home. I have people here, they really, really act like they care for me, 'cause this is really, me being in this homeless situation, has really thrown me into a very, very deep depression.

Interviewer: I can understand that for sure.

--Now everybody says that they understand, don't nobody
understand how I feel. Some mornings I wake up with good, with
smiles on my face, but on the inside, I really just want to just cry.

"I wasted my life" and "I felt worthless", these comments show the impact

of poverty and homelessness on people's self-understanding, on their abilities to

act and react to their situation. A profound passivity—"something was

supposed to happen to me," "I'm going to keep it quiet" and a "deep depression"

stop people in their tracks. However, other men and women in our study

rejected these stances. Nora preferred going to meetings to "sitting at one place

all day." Mary liked the many mandatory programs and meetings that kept

her and others from "just laying around."

You are going to those meetings, if you are not going to the
meetings, you must have already had permission to go and maybe
like get your driver's license, or get your state ID. Or sign up for
some other type of help somewhere else. You must not NOT show
up there

The following interchange took place during the Interfaith focus group session.

--The main thing Interfaith tries to set us out to do is this, they try
to tell us, don't sit around and wait because we don't have to be
homeless all our lives.

--That's right.

--They tell us to like get out and find a job, they got the phone for
us to use, they send us out for things, look them up and call
people. They refer us to call and to talk to people or whatever. But
you know it's a good thing because, you know, they say, you're not
going to sit around here all day and do nothing.

--Right.

--You going to go out somewhere or you going to get on the phone.
You're going to do something for yourself to take the homelessness
away from you. What they're teaching us is to get up and get ready
to go back to the outside world.

Interviewer: How has that made a difference?

> --Number one it makes you feel like you can start again. It lets you know that the world has not turned its back on you. You just have to [act] like you did when you was working. You, everybody, goes through trials and tribulations. It's just to let you know that you can get back up. You can fall down. If you think you can get up, you can get up.
>
> Interviewer: And you've done that?
>
> --Yes.

By becoming active, a once-marginalized person "can get back up" and re-enter the wider world.

Taking Control of Oneself

A corollary of the commitment to action is the ability to reflect on one's self ("to go inside your head") and to exercise self-control. Precious was convicted of a violent felony and served four years in the penitentiary. Now homeless and without a job, she was determined to build a new life out of the opportunities being offered to her. Looking back, she blamed "my inability to control my anger, and let stuff build up to a point of no return" for her crime. She learned from her post-prison experiences to put away her anger and desire for revenge, instead focusing on the "positive", building a better future for herself.

> But, I've grown enough where I don't hate them, I don't despise them, and I don't, I feel that what goes around comes around. And it is not my place to try and you know, if you have your feelings because that might put the dampeners on positive things that I want for people in my life. . . (Referring to the many 12-step programs and group psychology encounters in which she has participated) anything from Emotions Anonymous, trying to get you to go inside your head, and try to set you mentally on a path and being positive, and saying that you can do this instead of saying "I'm not going to be able to do this because I just got out of jail." It is all positive.

Getting Help from Others

In some shelters, staff model taking responsibility for others, distinct from the boot-strap ethic and go-it-alone ideology that dominates America's individualistic culture and ethos. Note the surprise below as the speaker describes the commitment to him of his counselors and social workers.

> Here in Interfaith, that's why the counselors and social workers get all of us involved. I've never been on no structure like this before, this is just I can't say they're just doing it for themselves or whatever, here they're making a difference because when they have you go somewhere, they're not putting you out. They're taking you to a place. And coming back to get you. Or they provide you with bus fare to come back home. I never had that before. And you got someone to talk to about problems.

A woman at a permanent housing program for women said she's "getting trust back again" as her shelter community—social workers, case managers, and co-residents—come together around her. "You down, somebody's going to make you laugh. You'll be sitting by yourself and someone will ask you, "What's going on?"

Some staff can claim authority because they've been there themselves.

> I like it here. It's a lot of structure in here. I had a lot of drug problems, you know, and it's real nice. (Interviewer: You said there's a lot of structure here?) Yeah, I mean, you know, I have my case manager, he talks with me, I tell him my problems, the other guy he was an addict, he recommends if you have a drug problem, you can't get no help if you don't help yourself. So, he set me up with drug classes and stuff like that.

And they earn authority when they are willing to listen.

> I've known, but I'm getting the help that I need. I go to a psychiatrist, and they have a qualified psychiatrist, his name's Sean, that's on duty here, but when days come up, those days, days I can't cope, his door is always open. And I can come, stability, I can come and talk to him.

Structure has also made it possible for people long silenced and invisible to speak and listen to one another, to trust one another's experience and knowledge. In this sense, structure can create a space within which homeless people learn to value their own local knowledge.

> Interviewer: Who are the people, between politicians, people who run services, where do you all get assistance when you need it?
>
> --Places like this. They have certain resources. Your fellow, the people that are in the same condition that you are.
>
> Interviewer: In what way?
>
> --Like people here. Because outside sources, they seem to not see you. They don't see you, recognize you, they just like, they can't make a buck off of you, they don't want to be bothered. That's my attitude, that's the way I look at it. Individuals here, I came here, individuals here were in the same condition I was in and we kind of like, exchanged information as to what, what's what.
>
> Interviewer: What kind of information do you exchange?
>
> --We exchange information, we uplift each other, and how to go about, maybe applying for food stamps, going looking for a job, oh this place has a job or this particular incident, like I work with a man over here and we work together and we look out for each other and we have each other's back and I, used to talk to him a lot, but I didn't know he stayed here and when I found out he stayed here, we kinda like constantly. Something's going on at work, he lets me know. I found a lot of times, like he said, when one fellow in the group, in the League gets a job, he tells us oh, that company's hiring or this company's hiring and it's networking where you get more information about who could possibly be hiring.

The beneficiaries of such unexpected commitment and friendship learn from it. A member of the group talked about broadening his perspective to take account of the troubles of others.

> --For me, it's opened me up a little bit more. More, understanding another person ain't about just myself, I have consideration for someone else, I get that out of it a lot. Just worrying about my, sticking to my problem, I guess his problem is worse than mine, so I guess me doing something, if I can help someone else out, then [I will].

Interviewer: But surely you knew that other people had problems before you came here?

--Not to the extent that, I'm thinking I'm really having a problem, my problem is not as bad as a lot of other people's problems, so you know what I'm saying.

Significantly, these programs relieve the extraordinary stresses of isolation and homelessness. We asked men in the in one focus group at an agency specializing in proving shelter for individuals with physical health needs what they like about the program.

What's good about [this] program? It's like a four star nursing home right here in Chicago. . . . It's going to hold you as you drop through the safety net.

It also assists me in trying not to be depressed and let things bother me everyday, they have little courses where you go to and you sit there for about an hour, half an hour where you sit and you talk about things and they're open to make you gain your balance, not like you was when you were on the street, a bottle an hour. You learn and the atmosphere is clean, you know, you can sit down and talk, if I got, if I got a problem, I can talk to him or her about my problem. You know, and we can help each other to try and relate with the problem. And when you out there and you're homeless, you really don't have no one to relate to.

Working Together for Mutual Support

A logical extension of taking responsibility for acting in one's own interests and of the staff's selfless concerns was to help others in the same situation as oneself. Participants spoke of extending help to others like themselves in ways structured through the networks of programs that harbored them.

Anyika has met many people who share her insecure status and who "sit and talk about their problems. They talk about they moods, how they feel, their anger, what happened to them." Now she is moved to talk to one of them, "a girl [who's] been out there longer than I have, and I told her it's time for you to

get off the streets . . . Cause she doing the drugs and stuff. So I'm trying to say, you know, you're too old for that stuff. I'm trying to tell her."

Talking about one's self and listening to others talk about themselves is something new to many of the people we met. It demands the ability to articulate one's thoughts and feelings and the ability to hear and respond to others. This is a talent that must be learned in interaction, and it is something that some of our interviewees have learned recently.

Shirley was one of the most networked people we met. She had many certificates from programs inside the penitentiary where she spent several years, and even more from the programs she entered upon her release. She is on the speakers' bureau for a group called CLAIM (Chicago Legal Advocacy for Incarcerated Mothers) and was recently invited to become a peer educator for classes in domestic violence. She noted that her participation in these programs of outreach to others helps women like herself to speak "from the authority of their experience" to bring about change.

Other programs perform similar functions. At one program, people relied on those with a few months more experience to learn what to do and where to go to get some of the assistance they needed.

> Someone who has been here two months is going to tell you
> what your DHS appointment is going to be, they're going to
> tell you how long you're eye exam is going to be, because
> DHS, I mean Interfaith is going to send you to the Eye
> Institute, they're going to tell you where DHS is, so there are
> like older ones here when I came here that told me. And I
> was ready for that experience, or ready for whatever I had to
> go through, with the paperwork, how long you was going to
> be there, what to expect. It's a network on services, and what
> you're going to get from them, and how it's going to be and
> who to talk to.
>
> Interviewer: Is this the staff that's doing this or?

--No.

Interviewer: And what else do you do for each?

Finally, those who had spent time in some of the programs modeled success for

and gave hope to those who came after them.

> People come out, to make it easier for them, so they won't run back
> and do the same thing. You know what I'm saying. Let them know
> that there is some hope as soon as they get out. And then quite
> naturally with all of the resources that we are going to combine
> together they'll be able to make it on their own without going back
> that way ever again.

Programs such as those described here link once isolated people into

networks, connecting them to providers, to resources, and to one another. In

such programs, women and men use their abilities to speak and listen to one

another about their troubles and fears. They meet in shelters, but also in group

sessions and learn to use personal experience as a guide. They share

information about good and bad shelters, programs, and strategies for living on

the streets. More than this, they act as each other's counselors and mentors.

They learn to look to others for comfort and support, and they learn to offer the

same to others. After years of danger, betrayal, and loss, they are finding ways

to engage with and trust others.

> Group meetings at their best encourage people to talk about their
> troubles, to discover their needs and desires, to think seriously
> about their life's work. For the first time many participants think
> about going to school, often for training in work that will bring
> them back to these sites of their own personal growth to help
> others

Looking at this system from the vantage point of its users has produced what

for this observer is a surprising portrait of important steps toward giving

marginalized poor and homeless people over 50 some resources tools for

personal and social change. Whether and how that potential develops remains to be seen.

What We Need

This section reproduces the comments of some of the people we interviewed concerning the policies and practices they would like to see implemented.

Affordable Housing

> And if you are working and you get on, like I said, a minimum income, at least have some housing, so you can afford that housing, so you won't have to go to a shelter. I mean it's better than, some people on, say section 8, okay, once they get section 8, here comes your nephew, your nieces, everybody in the house and drugs and whatever, this and that. But, if the person is working and you go to work everyday, you don't have the...in certain sense you got one building and it's all low-income, working people, everybody's at work at different times, you don't have time for that. It's a better environment, plus these low-income people that's making maybe two or three fifty a week, should have a place to stay. Because with three hundred and fifty dollars, you can't stay no where else. You can't afford to. Because I know a lot of people that's homeless and got jobs, they just can't afford the housing. You might be making three fifty a week, you can't afford seven hundred dollars a month. You gotta eat, you know you gotta buy commodities, clothes. Carfare back and forth to work.

A Good Job and My Own Place

> Interviewer: What was your vision?

> --Basically, the same thing, my place, a good job, and then I can sail anywhere.

> *A reliable part-time job*
> At my age, I don't want to have a full time job. I have social security, but I do want a part time job. I want a part time job that's reliable. I mean, not where I get two or three days this week and then I don't get called again until next month.

Amnesty for Old Convictions

> [T]hey got legislation to stop us from getting jobs, because of our backgrounds. Why isn't there any legislation to tear that law down? Because, for me, it's unconstitutional, (other person: It's discrimination really.) And it's discriminatory, because 80 –

95 percent of the people with backgrounds are Afro-American. You know, and like him, he's been driving trucks most of his life, me, I've been doing nursing most of my life, then you come up with a law that says I can't work because I did something thirty years ago. A criminal background punishes you the rest of your

Living Wage Jobs

--There's not enough money being applied to areas that would improve your condition.

Interviewer: Such as?

--Living wage jobs, the cost of living is disproportionate to the jobs that are available for people for people who have made a mistake who are trying to get back to a certain level and uh, positions offered for someone trying to get back, without an education or any representation from any institutions, you know, to show yourself, to prove that you're trying to get back into society, seem to be just, nonexistent.

Safe Housing, job training

If I may go, what I need, what I would like to get is housing in a neighborhood that I feel safe in, which would be a pipe dream. You know, job training or re training for older men and women who lose their jobs through no fault of their own, either the job relocates or it goes out of business and you work somewhere for a lot of years and you need to, you're still physically able and still have the desire to work to support yourself, you know, that there's some type of program where older individuals can get retraining and have the opportunity to, to work somewhere.

A Home Where Families and Friends can Gather

Chicago needs more affordable housing and not just single occupancy housing. You know, it doesn't have to be a big place, you know, but a single occupancy is just limited. It limits, you can't have your grandkids here from school, you can't have your family over. It just you know, you have too many rules, it's too many guidelines.

Neighborhood Hospitals and Health Centers

We need little hospitals in the neighborhood. There's no medical centers in the neighborhood. Interviewer: Is there nothing here? Yeah, they're closing them down. They're closing them down. They're closing the clinics. They're closing down.

A First Chance at Jobs in the Neighborhood

> --At least, in our neighborhood, again, with us being older individuals, there are places that do get openings, have openings as far as jobs are concerned. We have to go at least ten or fifteen miles away from our neighborhood in order to get hired. They should make it in these neighborhoods, where the distance of travel should be less and that the openings, 'cause we are, again, familiar with the neighborhood, we know our neighbors, we know what's needed in these areas, why not hire the individuals that are in here?

> Interviewer: Exactly.

> --Not being prejudicial to anyone who's trying to get a job from outside the area, but give us first place.

> --Okay, what he was saying, they build stuff in certain neighborhoods, but they don't hire people in those neighborhoods. That makes no sense to me. Why wouldn't you hire the people in the neighborhoods? That way, everybody would be working. Not only that, it's easier for them to get to the job. And then when they get there, it just cuts out a lot, the middle. They want you to go forty miles, so you can spend money on gas, on the bus pass, so everybody else is getting something and you ain't getting nothing. And it would help as far as in the homeless situation too. Because I'm not saying that it's going to cure homelessness right then [snaps fingers], but it will help motivate individuals to do the best that they can even if they have to stay in the shelter a little bit longer.

> Interviewer: Right.

> --We know we have a better opportunity, a better percentage wise of getting a place of our own, a room, an apartment of our own, to build up from that. And we would be able to set the example.

Involvement in Developments that Affect Us

> Now, we have these politicians, these political persons of power that say that they want to help, that they want to motivate, that they want to improve these causes for individuals our age and older. Now you are connected to other individuals that are willing to take down, recite, tape and discuss these situations, and listen, that's great. Now it's time for these individuals of power and influence to cause action. So why not, that's a suggestion, why don't you get once these things are organized the way you want, can it be reiterated back to us, a thing that we could sign as a petition toward that? A petition to power to manifest this, these

individuals requests and go ahead and open up these doors for jobs, for homes, okay.

"Habitats" of Jobs, Housing, Living

--They have what they call, Habitat, where individuals get involved with individuals helping to build their homes.

Interviewer: Right.

--Well, great, fine. Why not have another organization, where it would be a habitat of living, a habitat of jobs, where individuals of our age or older have experience of things that we've done can get the training, just as back in the day when I, it was called on-the-job training, even with training or additional enhancement of our experience to the point of where we can get affiliated to a place of employment. A place of housing. Okay, or rather in a dual standard, you're getting the training and or the enhancement of your education to get the job where also a percentage of your payment, of your funds that you're getting is also going to be extended to an area of housing that you're going to get where it already sets up for your rent and the security deposit already, and as long as you keep up that percentage, that rate, that place is open up to you.

Rent Control

I'd like to see Chicago have rent control, something stipulated in the city ordinance, where a landlord cannot evict a person, they've got to send them to another location. That'll put a big dent in [evictions], just throwing them out on the street, calling the sheriff, putting their stuff out on the sidewalk. No, they couldn't do that. Well, you can't do it to a child, under Child Protection Services, why are you going to do that to a disabled person, they still fall under ADA. If it's a real bad medical condition, what, their shouldn't be no price on that.

Equality

--You said if I was boss of the world?

Interviewer: Yeah.

--I'd make everybody equal.

Interviewer: Everybody equal? I'll buy that.

--Everybody would have the same.

DISCUSSION

Demographic Data

The demographic profile of the 50-64 year old homeless population points to some key issues to consider. First, while we see that both older and younger homeless individuals share many common circumstances and bundles of issues, it is likely that older homeless have special issues and needs. For example, what does it mean that 75% of the older individuals did not become homeless before they were in their 40's or early 50's? Does their previous history of stability and attachment to the workforce indicate are more likely to "right "themselves and stabilize? Or are their problems more structural and stubborn, their first spell of homeless possibly indicating an exhaustion of economic, social and physical resources?

Second, there seem to be very distinctive and different clusters of older individuals with distinct causes of homelessness. 25% of the homelessness is likely to be related to health, while the remainder is split between a loss of benefits/family disputes, and loss of employment. What does this mean both for services, and for prevention programs?

Third, the data on characteristics associated with employability point to the very difficult challenge to, and perhaps unrealistic reliance on, a standard employment strategy for many of these older individuals.

Finally, this data points to the importance of the entitlement to housing and benefits that individuals become eligible at ages 62 and 65, respectively. This possibly demonstrates that structural policy solutions such as Housing First and liberalized SSI procedures can dramatically impact homelessness for this population.

Trend Data

This data points to two key factors to consider. First, while most agencies serving single adults have reported serving older individuals and the majority of those have seen an increase in older consumers, the age composition of those agencies varies dramatically. Some of the agencies in our sample or specific programs/sites within them are becoming *de facto* aging agencies. These agencies are experiencing new challenges in terms of goals and composition of services. In contrast, other agencies caseloads are only made up of a small portion of older individuals. This probably makes it more difficult for them to provide specialized services to their older clients.

Second, it is a misnomer to talk about the aging of the total homeless population. While we are finding an increase in numbers of older individuals, this does not preclude a corresponding or greater increase in younger individuals. So perhaps the way to consider this is an increasing heterogeneity of age and hence need for differing services, strategies, and policies. This heterogeneity points to the challenge for the homeless system to manage these multiple strategies.

Needs and Key Consideration of the Older Homeless

Overall, people who are homeless and aged 50-64 share the same needs as younger consumers in terms of housing, income, and supports. However, with age, new challenges and needs emerge, while others have a new impact. In reviewing the survey data, focus group and life history interviews with homeless individuals, and interviews with providers, we found that these older homeless individuals face distinct areas of challenge.

Cumulative Effects

People have been through a lot by the time they are in their 50's and it impacts their ability to easily "bounce" back. If they have been taking medication for a chronic condition, the likelihood of side effects on their health grows exponentially. Chronic health problems such as arthritis, high blood pressure, age-onset cancers (such as prostate) and diabetes begin to accumulate. These conditions are often impacted by stretches of poor nutrition, difficulty in access to health care, and stress. They have increasingly poor vision and oral health. A lifetime of hard work has taken its toll in injuries and declining physical strength. The wear and tear of life can impact their appearance and presentation. They may be seen as vulnerable by younger people on the streets and may have been victimized. If they have been incarcerated or homeless for long periods, they are less likely to be eligible for the first tier of retirement benefits—Social Security Disability and Old Age Benefits (SSDI). Additionally, family ties and resources have frayed.

Over half of the older population has one or more multiple issues over time that impact their ability to be employed. These issues include mental illness and cognitive disorders, chronic health issues, substance abuse and Post-Traumatic Stress Syndrome.

Things Have Changed/Cohort Effect

Society has changed dramatically in the last 30 to 40 years since the people now in their 50's and 60's have entered adulthood. Many of them have experienced the disappearance of their "old jobs" and/or the firms and industries they used to work in. Many of the homeless individuals we talked to described years-long work histories as factory workers, truck drivers, craftsman, and clerks. They described experiencing increased destabilization in

their lives as some of these jobs have relocated to the suburbs or further. As a result, some reported having been downsized into part-time and temporary work.

The new job market is difficult to negotiate for this cohort.   The job search process is more mechanized, requiring computer skills and access to computers that many older workers do not readily possess. Job counselors reported that older individuals often learn at a slower pace, so training and basic education classes may be too challenging. Furthermore, the computer literacy and educational skills needed in the current labor market are less likely to be found in this age group.

These older job seekers lament they have only access to casual, part-time, minimum-wage work—selling newspapers on the streets at rush hour, cleaning construction sites, stocking shelves in big box stores, or filing and answering phones in large offices. And, most find the homeless sector of little help in this regard; many of the jobs that they can access through referrals at various shelters are day labor or occasional employment.

There have been dramatic cultural changes as well. Homeless agencies suggested that many of the people who are aging and homeless are likely to be at increased risk of HIV/AIDS and other sexually transmitted diseases due lack of knowledge about safe sex practices. Many people in this population do not think that they can contract AIDS because of their age.[17]

In addition, people of this age group have experienced unique events that they carry with them, such as the experiences of war by the high percentage of this population who are veterans, a reflection of the mass drafting of American

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[17] Unsafe sex practices and lack of knowledge of safe practices are reflective of a growing problem in U.S. population over 50 (AIDS Action Council, 2001).

men for the Korean and Vietnam wars.

At a Different Life Stage

Many of the issues experienced by older homeless are related to being at a different life stage. For example, some of the individuals in this study expressed that they are just tired out and ready to retire. They expressed the increasing difficulty of picking up and starting again at their age, especially when living wage jobs or jobs with benefits are not readily available.

In addition, homeless service providers reported that the blue collar or service jobs that are available require a level of stamina, strength, and pace that many older individuals find hard to maintain. In focus groups many individuals expressed hopelessness and wondered whether they have wasted their lives.

This feeling of having a failed life with no future rewards seemed especially acute for older homeless immigrants. Many of whom were undocumented or, having worked "under the table", could not access social welfare benefits. No longer able to be find gainful employment and often felled by illness, they had retreated into alcoholism. Returning to their country of origin was often not seen as an option because of lack of ties to family network and/or the expected shame associated with returning as a failure.

In another example, providers report that older ex-offenders with long periods of incarceration often face crippling culture shock, leading to major anxiety and difficulty adjusting from prison life.

Ageism and a Lack of Respect

This population faces both blatant and subtle stereotyping and discrimination or victimization. While many older people who are homeless could work (up to 40% have work histories, are able-bodied, and desire work),

they face significant barriers to employment related, at least in part, to their age.   Employers express doubt about their ability to work, assuming that the older homeless have neither the skills nor the stamina to warrant employment and fear that employing them will entail too many problems. Some employment programs institutionalize these prejudices against older workers.

An example of what is perhaps unintentional ageism is the consequences of the rules of the state of Illinois' *Earnfare program.* Earnfare mandates that individuals work for food stamps if they are younger than 48. Individuals 48 and over can receive food stamps without the work requirement. While an individual 48 or over can sign-up voluntarily for the job assistance services of Earnfare, IDHS prioritizes finding Earnfare jobs for those under age 48, who are mandated to work. The unintended consequence of design, then, is that older people do not get the opportunity to be placed in Earnfare positions with a private employer, effectively baring them from the opportunity to transition to permanent employment with that employer.

Other ageism was found by some clients in homeless agencies. Some individuals reported that a few agencies steered them away from their services. In addition, focus group members and providers talked about younger staff, often unintentionally, who treated older homeless in a disrespectful manner.

There were some reports of victimization by younger homeless or community youth. Providers reported situations at some agencies where younger residents victimized older residents who were lonely or confused, often scamming them or "borrowing" money. Also, older homeless men on the streets, reported that gangs often target them if they are perceived as homeless and defenseless.

Being In-Between: Falling Through the Cracks

One of the focus group participants, Phyllis, called poor jobless and homeless people between the ages of fifty and sixty-five the "in-betweenies." Many people in this age group reported being closed out of full-time work, making it impossible for them to afford market rate housing, however, the needs of individuals in this age group are largely not addressed in our current social welfare system; they face obstacles in the job market because they are considered too old, yet they are too young and too able to be eligible for many social welfare programs and benefits.

The importance of age related social welfare income and housing programs is perhaps best illustrated in the marked decrease in homeless that we found in the Roundtable survey data. Among those 50 and older in Chicago, about 65% were homeless when surveyed (the remainder had formerly been homeless or were at risk of homelessness). However the percentage dropped dramatically with age. Of individuals 62 to 65 about 56% were homeless. Of those people 65 to 69, only 17% were homeless. Individuals in Chicago become eligible for senior public housing at 62. For those eligible for Social Security, a reduced benefit can be claimed at 62. And, SSI and full benefit Social Security eligibility began at 65 for this cohort in 2001, when the survey was conducted.

A Frayed –Basically Non-Functional—Safety Net

In addition to the inability of those nearing retirement age to access senior services "before their time" the programs that do exist for single adults are meager and compromised. In myriad ways, the older home face insufficient and dysfunctional public programs to assist them in either preventing homelessness in the first place or in becoming re-housed.

First, as we have found, many individuals fall into homelessness because of an acute illness. For the working poor in particular, the lack of adequate sick leave and disability is a recipe for homelessness. Nationally, only 57% of workers have paid sick leave, and among blue collar, service and part-time workers the rates are much lower—45%, 38%, and 22% respectively (Levine, 2007). Only a miniscule number of workers have adequate disability leave.

Second, in every focus group there were participants who reported problems with accessing SSI Disability or Social Security Disability Insurance (SSDI). These problems were echoed in reports by providers. These reports reflect a national problem. There is currently a national backlog of 755,000 cases (up from 311,000 in 2000), an average appeal waiting time of 500 days, and a high number of denials at intake—2/3 of those who appeal an initial rejection win their case (Eckholm, 2007). Compounding this problem with SSI and SSDI, homeless individuals in Chicago often do not have the assistance to effectively navigate this system. Many agencies do not have staff trained to assist consumers and have limited or no connections to legal advocates. In addition, applications need documentation of physical and/or mental health problems. Obtaining this documentation for older individuals is particularly problematic since they have longer medical histories; older records that are difficult to access compared to electronic ones, and are likely to have multiple healthcare providers.

Third, until they are eligible for SSI at 65 (62 if an individual is eligible for Social Security) there are no federal benefit programs for the long-term unemployed. Welfare reform in the 1980s and 1990s resulted in the demise of General Assistance, and there are two remaining state programs that provide benefits—Earnfare and Transitional Assistance. Both have only limited benefits,

and, as we have discussed above, older adults are excluded from the job development aspects of Earnfare.

Fourth, while one-third of the individuals between 50 and 64 in the Regional Roundtable survey were veterans, only 1% reported getting veterans benefits. Interviews of veterans and homeless agencies suggested some possible explanations including difficulties accessing the VA system, the high number of homeless veterans with less than honorable discharges, and disputes over whether a veteran's illness/disability was service-related. Veterans stated that the Illinois Regional VA is especially problematic in processing disability benefits—Illinois has ranked lowest in the country in disability payments for the past two decades (Mendell, 2005).

Fifth, restrictive social welfare policies exclude immigrants with insufficient work histories and/or lack of documentation. Those who are documented and nearing retirement age but have not worked, or whose spouses have not worked, in covered U.S. employment for a total of ten years are excluded from most social welfare programs such as SSI and Social Security. For undocumented immigrants, there are few resources. They are not able to access senior public housing and are effectively barred from nursing homes since public benefits will not cover their stay.

In addition, restrictive policies generated by the War on Drugs and in response to 911 adversely impact this population by further weakening their ability to access or maneuver within social welfare programs. For example, many ex-offenders cannot access public housing, whether for seniors or the disabled, since certain convictions make them ineligible. Laws promulgated in response to 911, such as the Real ID Act of 2005, have made it more difficult for older homeless individuals to access benefits, public services, and

employment. Identification is now required for more things, including accessing buildings and cashing checks. There are tighter restrictions to get replacement identification if lost. And, identification is harder to obtain for people who are older and homeless, because older records are not computerized, or can be lost. Also, as the result of mandated background checks, very old offenses of workers are surfacing, which have resulted in firings despite the fact that the offense may have occurred decades ago.

Finally, the lack of any consistent and stable public or universal health for unemployed and underemployed individuals is especially problematic for the older homeless. Their most universal needs were all related to health issues. These range for access to medication, dental care, and eye care to specialists in gerontology and chronic diseases of an aged population.

The Homeless System and an Aging Population

Homeless service agencies are very aware of the growth in their consumer population of people 50-64. Given that this trend is relatively new, they are just beginning to identify some of the challenges specific to this population. It is unclear just what strategy they will take. On one hand, many agencies are interested in staff trainings that will upgrade their ability to serve this older population, with one forth of the agencies already pursing increase staff trainings and other initiatives in this area. On the other hand, the discussion is just beginning as to the best course of action. There is a question of how best to meet these needs system-wide; should some agencies concentrate on developing expertise with this population, or should the system's overall capacity be increased?

In addition, another key question regards the relationship between the homeless service system and the aging service system. Both systems have

much to learn from each other. They each have programs and expertise that could be used to assist each other. A key group of recommendations below emphasize the importance of the two systems working together and learning from each other.

<div align="center">Policy and Programmatic Recommendations</div>

The following is a set of potential actions aimed at creating changes within various systems, including but not limited to the homeless system, that have the potential to positively impact homeless individuals age 50-64. This list is by no means exhaustive, as the study points to significant changes that need to occur in multiple arenas to better serve this population. These recommendations were discussed and refined in meetings with providers and other stakeholders conducted by the Chicago Alliance to End Homelessness.

<div align="center">*Health Care*</div>

Systems Change:

- Reverse the current reduction of out-patient and community-based health care funded by Cook County.

- Expand the capacity and location of medical programs serving people who are homeless.

- Strengthen partnerships with community health clinics and networks.

- Build new partnerships with aging specialists and providers of other needed specialties such as dentists and vision care specialists.

- Provide access to Park District exercise classes and recreational facilities (such as pools) through special partnerships with homeless service agencies.

- Create more Housing First housing (which have been proven by the

CHHP and other model programs to increase the health outcome of homeless individuals).

- Establish a Seniors' HIV/AIDS prevention program in Illinois, as has been done in other states.

<u>Changes in Homeless System</u>:

- Increase health education and health management programs for residents, such as health circles and peer-to-peer programs.

- Institute a campaign for nutritional eating and cooking—targeting both consumers and food preparers.

- Expand connections between sustainable food and organic food farmers and homeless service agencies.

- Explore whether Healthcare for the Homeless can be expanded to meet identified needs of this population.

- Create volunteer opportunities within housing and shelters for medical specialists.

Employment

<u>Systems Change:</u>

- Pursue the enactment of a state universal paid sick leave policy in Illinois (already passed in California and proposed in Springfield).

- Pursue the development of a homeless prevention short-term disability program to prevent eviction during an individual's spell of hospitalization and recovery.

- Create more integration between aging and senior programs and the homeless system.

    o One example is to link older homeless job seekers to the Senior Community Service Employment Program, a federal program

for poor unemployed individuals 55 and over operated by the

City of Chicago Senior Services Department.

- Identify or create policies that provide incentives for employers to hire this age group.

- Help spur the creation of an education campaign to employers about hiring older workers.

- Pursue the creation of training programs geared to the needs and pace of older workers.

Changes in Homeless System:

- Train job developers to specialize in assisting older job seekers.

- Link with advocates who can educate homeless service agencies to create a greater awareness of age discrimination.

- For those training programs offered on-site, explore the development of specialized programming for older adults.

Benefits

Systems Change:

- Pursue the expansion of SSI Homeless Pilot Project, which pre-qualifies people for SSI with a presumed disability, and which has had some success for people over age 50.

    o Currently, the Corporation for Supportive Housing has a small pilot program. HUD has helped to fund these programs around the country.

- Advocate with IDHS to develop a strong volunteer job development and placement program under Earnfare.

- Work with welfare advocates to examine the possible ageism in the implementation of Earnfare.

- Advocate for a stronger articulation and more resources for the Transitional Assistance Program.

Changes in Homeless System:

- Increase training for case managers about SSI, Earnfare and Transitional Assistance.

- Increase collaboration with legal advocates.

- Investigate volunteer work by firms with a specialty in disability benefits.

Housing

Systems Change:

- Pursue strategies to alleviate the critical nationwide shortfall of affordable housing, such as the passage of the National Affordable Housing Trust Fund.

- Explore the creation of a campaign to create age-specific housing for people who are homeless.

Changes in Homeless System:

- Create recognition that people aged 50-64 have fewer options and so are likely to age in place, remaining in supportive housing.

- Ensure the creation of age-specific wraparound services.

- Explore whether to create set-asides within current or new supportive housing for people aged 50-64.

Mental Health

Systems Change:

- Pursue linkages between mental health treatment programs for older adults and the homeless system.

Changes in Homeless System:

- Increase training in life stage issues for counselors/therapists.

- Conduct trainings in assessment for dementia.

- Develop partnerships with specialty programs, such as Rush's Alzheimer's program.

Substance Abuse

Systems Change:

- Pursue linkages between substance abuse treatment programs for older adults and the homeless system.

Changes in Homeless System:

- Conduct training of counselors in aging and substance abuse.

- Explore the creation of harm reduction housing for older adults.

- Encourage the use of harm reduction techniques to take advantage of opportunity created by "cooling off" period.

Specific Populations

Veterans

Systems Change:

- Conduct research to examine linkage between dishonorable discharges and homelessness.

- Pursue the re-examination of dishonorable discharges and general discharges by Veterans Administration.

- Conduct advocacy with regional VA on difficulties accessing system for older homeless adults.

- Join advocacy efforts on Illinois Regional VA's processing of disability benefits.

- Advocate with the VA for a change in the policy of creating transitional housing only.

Changes in Homeless System:

- Explore the creation of more permanent housing for veterans.

- Include veterans system in discharge planning initiatives.

Ex-Offenders

Systems Change:

- Pursue strategies to lift significant current barriers to housing and employment.

- Pursue discharge planning policies to ensure continuity in receipt of treatment, benefits, and medication.

Changes in Homeless System:

- Provide specialized counseling related to "culture shock" and other adjustment issues upon release.

- Create greater awareness of expungement options for misdemeanors and non-violent offenses, including existing programs to undertake necessary paperwork.

Immigrants

Systems Change:

- Pursue amnesty for aging, undocumented workers.

- Advocate for reversing restrictions to federal social welfare benefits for legal resident immigrants that were instituted as part of welfare reform in 1996.

Changes in Homeless System:

- Pursue the creation of housing resources for documented and undocumented workers.

Violence

Systems Change:

- Undertake advocacy so police department is sensitized to issues of older homeless individuals.

Changes in Homeless System:

- Explore creation of safe housing options, including creating floors or set-aside space for older homeless adults.

- Explore the possibility of sensitivity training for staff and residents on safety issues for older homeless adults.

- Provide information for older residents on self-defense strategies and options.

Patriot Act and Other Laws Post 9/11

Systems Change:

- Work to modify identification requirements and background checks that have unintended consequences on older homeless adults.

Changes in Homeless System:

- Develop a safe box or back-up record system for important documents.

Conclusion

It is clear that a sizable number of the homeless in Chicago are between the ages of 50 and 65 and these numbers are increasing. This reflects the general aging of the population in Chicago. This does not necessarily mean that the average age of the homeless person is older, or that the number of homeless younger than 50 has decreased. It does underscore the age heterogeneity of the homeless population.

It is also clear that those individuals over 50, in addition to facing issues shared with the younger homeless cohort, also face unique issues.

- The cumulative effects of their life experiences and aging, especially impacting their health and hardiness.

- The dramatic changes in society since they reached adulthood, such as de-industrialization and technological changes leading to a vastly different job market.

- Unique experiences during their life course, in particular the high percentage of men who participated in combat in the Korean and Vietnam wars.

- They are at a different stage of life, many are tired out and ready for retirement. They are less likely to be hopeful and have *less time* to pull things together and make it in the market economy.

- They experience discrimination because of age (ageism) that is both blatant and subtle.

- Finally, they fall through the cracks in a system designed for either younger or older individuals. They are told they are too old for the job market and not yet eligible for many social welfare programs and benefits.

This was a preliminary study and raises as many questions as it answers. For example, we still need more clarity in understanding the dynamic that triggers middle age homeless and what factors could prevent that homelessness. The data suggests a stronger safety net, but are there individualized interventions or bridges that would help individuals bypass the homeless system. Second, it is clear that that there is some relationship between aging policies and programs that kick in at 62 and 65 and reduced

homelessness. But the data is only suggestive. We need some longitudinal studies that look more closely into the effects of those policies on housing stabilization. By the same token, we need to also understand and investigate is those older individuals who are housed are still accessing aspects of the homeless system for support? This might help us understand some of the limits or supportive housing needs of a Housing First system as it applies to older individuals.

APPENDICIES

Appendix A

Provider Interview Schedule

Case #:
Agency:
Phone Number:
Interviewee:
DATE:
Time:
Interviewer initials:
Please check that consent from read and interviewee agreed to interview ☐

First I would like to verify some of the information we have. As I understand, your title is *(title of contact)* and your program, *(state program)* /agency *(state agency)* provides *(state types of services)* to *(state population served)*. Is this correct?

(If You Do Not Have Any Piece of the Above Information Ask Them for It When They Describe the Agency Their Position)

Please describe your role in your agency
- What is your official title within your agency?
- Do you work for a specific program within the agency?
    o If so, what is the name of the program?

Please describe the agency you work for.
- What types of services does your agency/program provide?
- Does your agency regularly encounter homeless individuals aged 50 to 64?
- What portion of the individuals you serve are over 50? Between 50 and 64? 65 and over (You may terminate interview if respondent states they are unable to give specifics on individuals over 50)?
- Do you notice any special populations or subgroups within the individuals aged 50 to 64? (PROBE: *veterans, mentally ill, domestic violence victims*)
- Is this similar to five years ago? Less or more?

Please tell me about your experience as a provider serving this population
- Do you get the impression that these individuals between 50 and 64 or have experienced long-term homelessness or are newly homeless?
- Did their homeless experiences begin before or after they were 50?
    o (IF SAY BOTH) Have you noticed any difference between these two populations?
- Does your agency have specific programs or policies tailored for individuals age 50-64?
    o Tailored to any of the special populations mentioned earlier?
        ▪ What are they? Expand upon? Tell us more?

       o   Do you see any strategies in your agency as innovative or different from other programs?

Please talk about the needs of homeless individuals aged 50-64
- Are there any specific service needs of homeless individuals aged 50-64? If so how, where, by whom, in what time frame? (PROBE: *jobs, health care, safeties from abusers, medical care, dental care, food, help with government assistance (SSI, food stamps, rent), case management; How quickly, where, by whom, in what time frame*)
  - o Are there any specific needs for subpopulations of individuals aged 50-64? (PROBE: *if mentioned a subpopulation earlier, probe for this population*) If so how, where, by whom, in what time frame?
  - o Are any of these needs more immediate than others? Why?
  - o Are these needs different from other age groups? If so how, where, by whom, in what time frame?

Please talk about any service gaps of the needs of homeless individuals aged 50-64
- What are some of the service gaps that you observe?
  - o Are there any for specific subpopulations of individuals aged 50-64? (PROBE: *if mentioned a subpopulation earlier, probe for this population*)
- What are the consequences of these service gaps?
- Do you have any ideas or suggestions on how to change these gaps within your agency?(PROBE: *services, programs, policy*)
- Do you feel your agency has the capacity to serve this population?
  - o If not, can the capacity be created?
  - o If so, how, what resources would your organization need to make these changes? (PROBE: *human financial, training, extra knowledge)*
- Do you personally feel that you have the capacity to serve this population?
  - o If not, can the capacity be created?
  - o If so, how, what resources would you need to make these changes? (PROBE: *human financial, training, extra knowledge)*?

Please talk about the public policy issues with serving the homeless population aged 50-64
- Do you recognize any public policy issues with service the homeless population aged 50-64? (PROBE: *benefit, employment, housing*)
- Are there any strategies or programs within your organizations to address these issues (PROBE: *advocacy days, encouragement/time allotment/resources for advocacy by self or any other employees, partnership with other organizations addressing policy)*

Please tell about any other issues you have encountered while working with the homeless population aged 50-64.

Thank you for your time. If you have any additional information you would like to discuss or any questions about the project, you are welcome to call Dr. Christine George at XXX-XXX-XXXX.

Appendix B

Themes Identified from Provider Interviews

1. Immigrants

2. Ex-offender

3. Gender

4. Veterans

5. Employment

6. Housing

7. Lack of family/social support

8. Ageism

9. Health care

10. Domestic violence/elder abuse

11. Transportation

12. Identification

13. Stigma

14. Cumulative effects/life stage issues

15. Organizational resources

16. Policy issues

17. Mental health

18. Financial and legal issues

19. Pace of service issues

20. Safety

21. Benefits

22. Age of Staff

Appendix C

Summaries of Life History Interview Participants

Thomas Washington, 51
- GED, some college
- Variety of day labor jobs
- History of disability and imprisonment
- Currently living in transitional housing

Ubaldo Martinez, 52
- Licensed cosmetologist
- Worked a variety of service related jobs
- Injuries caused loss of last job
- Currently lives in SRO with no income

Jerry Conway, 59
- College education
- Long history of various jobs
- Unable to meet high stress demands of job
- Currently living in SRO, but may lose housing due to unemployment

LaShonda Jackson, 50
- 11th grade education
- History of factory and laundry work
- Single mother of 3 children
- History of domestic violence, substance abuse, and imprisonment
- Currently in temporary housing

Jason Cohen, 56
- High school diploma and some college
- Worked as a studio musician, store manager
- Married with 1 child
- History as survivor of child abuse and imprisonment
- Currently working as an accountant and facing home foreclosure

Shirley Parker, 54
- High school diploma and some college
- Worked at Hertz for 13 years
- Mother of 2 children
- History of incarceration led to loss of family home
- Currently facing barriers to employment due to criminal record

Crystal McBride, 55
- Grew up in Chicago Public Housing
- High school diploma and some college
- Variety of customer service jobs
- Laid off from Commonwealth Edison
- Lost house due to foreclosure
- Currently living in a shelter

Rodney Williams, 58
- High school diploma
- Vietnam veteran
- Professional artist
- History of depression and divorce
- Currently living in low-income housing

Patricia Jones, 57
- Some high school
- History of factory and laundry work
- Mother of 5
- History of layoff and eviction
- Currently living in low-income housing

Susan Callahan, 52
- High school diploma
- Various clerical jobs
- Care taker for parents and lost housing upon their death
- Currently living in an SRO and looking for work

Appendix D

Initial List of Themes from Life History Interviews

1)   Suffering workplace injuries

2)   Losing jobs because of sickness

3)   Losing a job, losing a place to live

4)   Being laid off

5)   Looking for jobs

6)   Being turned away because of age

7)   Employers fearing to employ older workers

8)   Knowing better jobs are in the suburbs.

9)   Traveling to jobs far away

10)   Exploiting homeless workers.

11)   Becoming sick after job loss

12)   Disconnecting skills from jobs

13)   Being overqualified for jobs

14)   Being hired because of age

15)   Investing in older workers.

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